## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2913 CERTIFICATE OF DEATH

02874

	FOU E	CERTIFIC	AIE OF DEAT		Reg. D	ist. No.						
	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Mary 1.		If institution: Reside county	ence before admis	sion)					
b. CITY OR TOWN (If RURAL and give nea Catons vi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II o	autside carporate lin	nits, write RURAL and	2 V 0 / /	n)					
	L (If not in hospital, give street		Baltimore d. STREET ADDRESS 14933 West	Hills Roa	d		SIDENCE A FARM?					
3. NAME OF DECEASED (Type or print)	Jennie	Middle Kathe	erine Addison	4. DATE OF DEATH	Month March		Year 1960					
female	6. COLOR OR RACE 7. MARR White WIDOWE	D DIVORCED	February 2,	1885 7	birthday) Manths yrs.	Days Haurs	ER 24 HRS. Min.					
housewi	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole Marylan			S. A.	OUNTRY?					
13. FATHER'S NAME AC	Lis GROS	95.	14. MOTHER'S MAIDEN N	VIANUE C	ECKER	7						
IS. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16. yes, give wor or doles of service)	SOCIAL SECURITY NO.	informant scords: SPRING	CRO VE	Address STATE HOS	SPITAL						
PART I. DEATI  422  Canditians, if angave rise to im	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Arteriosclerotic cardiovascular disease  Canditions, if any, which gave rise to immediate cause (a), stating the under-  DUE TO  INTERVAL BETWEEN ONSET AND DEATH years  Vears  Line (a), (b), and (c).]  Arteriosclerotic cardiovascular disease  years  UE TO  DUE TO											
Jying cause last.  PART II. OTHE  20a. ACCIDENT WAS OR CONTRIBUTING I  (IF EITHER, NOTIFY M	(c)	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	PERFC	AUTOPSY DRMED?					
OR CONTRIBUTING [	UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	Part I ar Part II af i	tem 18.)		,					
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc		rn)	(County)	(State)					
ACTUAL SIGNATURE	arch 18 19 Could Wachsler  Stella Wachsler	sler	th accurred at 1:20p	March 18  M, from the c ADDRESS (Street, ci CROVE STA	ity ar tawn, state) TE HOSPIT	ne date stated	deceased d abave. TE SIGNED					
220. BURIAL, CREMATION	. 7/22/60	LOU don			City, town, or county)	(Stat	te)					
23. FLINERAL DIRECTOR'S	SIGNATURE	ADDRESS Poo 611 fd		D BY REGISTRAR WAR 2 3 '60	24b. REGISTRAR'S S	S. Krans						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 filled in by the funeral director ages 1 and 2 should be filed with ospitol or ottending physicion.

this certificate has been signed by the ottending physicion on for use os the burial-transit permit. Then please remave corban palar, cremotion, ar removal, and in any event within 72 haurs ofter death registror priar to burial, UNERAL DIRECTOR: VS A15 (4) 15M 9/58

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It A auximite 5105

The publication of the second of the second

File and the alternative and the action of the second

or removal.

VS. A15ME(5) 5M 9/55

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motion,	M)	
3		

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2915 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02876

Reg. Dist. No.

), PL	COUNTY	Ballimore	MARYLAND	o STATE Marylar	nd b. county Pri	nce George					
b.	CITY OR TOWN (If and give nearest town)	outside corporate limits, write BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and	give nearest town)					
		nsville	8yrlmth22dys	Hyattsv:	ille, Maryland	1661.2					
d.	NAME OF HOSPITA	L OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
SI	PRING GRO	OVE STATE HO	SPITAL	5405 - 35th Avenue							
-DI	AME OF ECEASED ype or print)	fini Eudori	a Thomas	Anderson 4.	DATE Month OF DEATH MILEL	19 19 60					
5. SE	X	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (in years IF UNDER	TYEAR IF UNDER 24 HRS.					
fer	nale	white wood	WED DIVORCED N	ovember 11. 1	890 69 yrs. Months	Doys Hours Min.					
10a. I	USUAL OCCUPATIO	N (Give kind of work done 10)	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	foreign country)   12. CITI	ZEN OF WHAT COUNTRY?					
001	none	; me, even il remed;				S. A.					
13. F.	ATHER'S NAME			14. MOTHER'S MAIDEN NAM							
	Dawie	Anderson		Eudora T	homas						
15. V	VAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address						
/	nknown	(If yes, give wor or doles of service)	Unknown Re	cords: SPRING		OSPITAL					
-		H Enter only one cause per li		COLCO. OLILLIA	d dito vs birits i	INTERVAL BETWEEN					
	PART I. DEATI	H WAS CAUSED BY:	acreto	Turden	Failur	ONSET AND DEATH					
	Conditions, if an		Barder	ruscula	a disease						
	gave rise to immediate couse (a), stating the underlying DUE TO fraction left femus										
CATION	PART II. OTH		CONTRIBUTING TO DEATH BUT N	of RELATED TO THE TERMINA	LOSEASE CONDITION GIVEN IN PAR	PERFORMED?					
CERTIF	Oo. EXTERNAL CAUSE OF DEATH.	unabl.	e towalk, compla	ining of pain	in left leg. X-1 of left femur.	O pt. was four					
WEDICAL	Hour o. m.	Y Month, Day, Year 20	hile Not while factor	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or town) (Cou	enty) (State)					
To local			e remains described above								
			, Accident . Suid								
1	Jean Tesonica	la 1	The Accident Mr. 3010	ioe [, nomicide [_		•					
	ACTUAL SIGNATURE	Les front	ie f fer	M.D. CHIEF MEDICAL EXAM	/, /	DATE SIGNED					
	EXAMINER'S NAME (Type)		ieffer, M. D.	DEPUTY MEDICAL EXA	- DUNCE	19 60					
	EURIAL, CREMATION	3/22/60	Fort Lincoln		d. LOCATION (City, town, or county) Colmar Manor, Md	(Stale)					
23. FL	UNERAL DIRECTOR'S		ADDRESS	24a. REC'D B							
	F. Gasch	's Sons Hya	ttsville, Md.	DATE MA	R 2 2 60   Cultury 2	8. Kinners.					

HYARD TO STAD HIT RED BY TEVI MAX - JAN DOSM - E. U.S. I was not to be a second or the second of th A STATE OF THE PARTY OF THE PAR the south of the second of the second

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2914

**CERTIFICATE OF DEATH** 

02875 Rea. Dist. No.

	e of DEATH DUNTY Bal	timore		MARYLAND		JSUAL RESIDENCE	(Where decease	d lived. If instituti b, COUNTY	an: Reside	nce befor	re admis	sion)
RU	IRAL and give ne		its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN		arate limits, write R	URAL and	give nec	rest low	n)
	Catonsvi	LLE AL (If not in haspital, g		-14-2	-	Baltimo:				311	01-	4-
a. N/	R INSTITUTION	AL (Ir nor in naspital, (	jive street	address)	d. STREET ADDRESS  e. IS RESIDE ON A FA							
I	House in	the Pines			3234 Clifton Ave.							] NO []
	ASED or print)	MARI		Middle M	AN	DERSEN	4. DATE OF DEATH	4. DATE Month OF DEATH Ma		Da	y 1.	Year 19 60
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	1 B. D/	TE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 74 HRS.
	nale	White	WIDOW	ED DIVORCED	J	an. 2h.	1876	9. AGE (In years tost birthday) 8)4 yrs.	Manths	Days	Hours	Min.
dur	UAL OCCUPATION IN MORE TO THE	ing life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	**	State or foreign o	country)	12. CI		e wha	COUNTRY
440.00	IER'S NAME	9				NOTHER'S MAID	EN NAME			us	anato:	MIT
	ınknown					unknown		ırım				
(Yes, no, a		IN U. S. ARMED FOR If yes, give war ar dates of a		SOCIAL SECURITY NO. 17	Mr.		s Anders	Add		ftor	A 37	9
118.	CAUSE OF DEA	TM (Fater only one or	usa per li	ine for (a), (b), and (c).)				رعر الم	Ci Stellar	2.7	RVAL BI	
		TH WAS CAUSED BY:	po.	elul Varenla		recepent 6	POLE)				ET AND	
	11.12	IMMEDIATE CALISE IN	100	Veral Prece		100	447			1/	mo	ng
	440	DUE TO					11	-	0.7	- 5	dece	0
	anditions, if or		a	ittes selece	924	0	sype	clensit	C.V.			
	ove rise to in use (a), stating t											
	ng couse last.	) (0	1									
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PAI	(T 1(a) 1	PERFO	AUTOPSY DRMED?
CERTIFICATION (IL E	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCUR	RED. (En	ter nature af injur	y in Part t or Par	t II of item 18.)				
WEDICAL	Hour a.m.	Manth, Day, Ye	While	Not while	PLACE ( foctory,	OF INJURY (Home, street, affice bldg.	farm, 20f. (Cit)	or town)	(	County)		(State)
21	Leastific th	at I attended the	decen	ad franchel 22	-	. 196a . to	march	1 106	et chance t	Lear	- 4	deceased
	20	Translation the	deceu:	/			1					
ali	ve on the		, 19_	and that dea	th occ	urred of	4.79/JM, from	n the causes o	and on t	he do		
ACT	TUAL BO	enach	20	chen	M.D.	The m	ADDRESS (S	reet, city or town.	stole)	X.	D	ATE SIGNED
PHY	SICIAN'S F	PERNARD	J.	COHEN.		35	0105	x Paul	_/	3ne	8,	F.
	RIAL, CREMATION		)Ē	22c. NAME OF CEMETERY	OP CO	WATORY	274 10C4	TION ICE.				
E	MOVAL (Specify)	3/4/60		Lorraine (		MAIORT		odlawn.			(Stat	le]
23. FUNI	ERAL DIRECTOR'S	SIGNATURE	12	ADDRESS - 15	100	71/	REC'D BY REGIS	TRAR 245. REGI	STRAR'S SI		t E	
1/1/	No. 1	1/001010		740-01 10	V10	DATE	AR 7 '60	1 anh	17 8. 7	LOMA		
	1				100	M						

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

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	ě	1	-	7	-
	4				

2916 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore b. COUNTY MARYLAND Marvland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 02 X-2 Fort Howard Raltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5317 Ritchie Highway YES NO Veterans Administration Hospital NAME OF First Middle DATE Month Day Yeor DECEASED (Type or print) HOWARD C. ANDREWS DEATH 1960 March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Doys Hours WIDOWED [ DIVORCED [ Male White December yrs. 12. CITIZEN OF WHAT COUNTRY? On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Painter Construction Baltimore, Maryland 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Andrews Florence Danker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 218-10-2791 Clinical Records, VAH, Balto. 18. Md. Ft. Howard Div. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: H WAS CAUSED BY, TERMINAL BRONCHOPNEUMONTA Days DISCO MELANOMA OF THE RIGHT ARM WITH Unknown Conditions, if ony, which gove rise to immediate XXXXXX GENERALIZED METASTASES couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATIO PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) S 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or lown) (Stote) Doy, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not while 19 of work of work D. m 21. I certify that ( (this hospital) attended the deceased fram Pab. 5. 1:60 .. to March 1 ..... 1960 .. that /1/(we) last M, from the causes and an the date stated above. \_ 1960, and that death occurred of saw the deceosed olive an March 2:00 AM. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. /2/60 DIRECTOR \_ PHYS 21c PEYSICIANTS 22d. ADDRESS WAH.BALTO.18.MD. FORT HOWARD DIVISION DATE THEREOF 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) /60 Burrial Baltimore National Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR

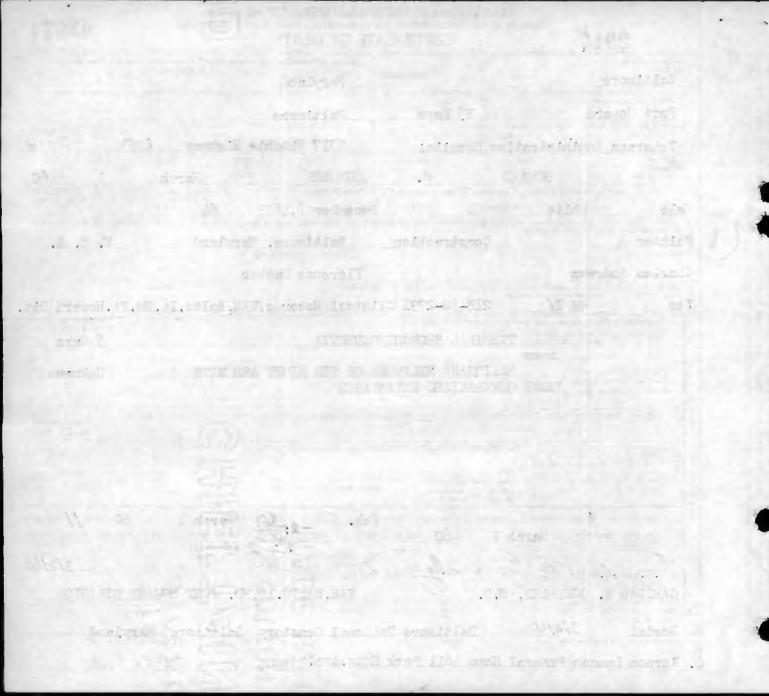
Vernon Lemmon Funeral Home 1611 Park Hgts. Ave. DARRAD

VR A15 (4) 15M 9/59

NERAL DIRECTOR:

ATTENDING

HOSPITAL OR



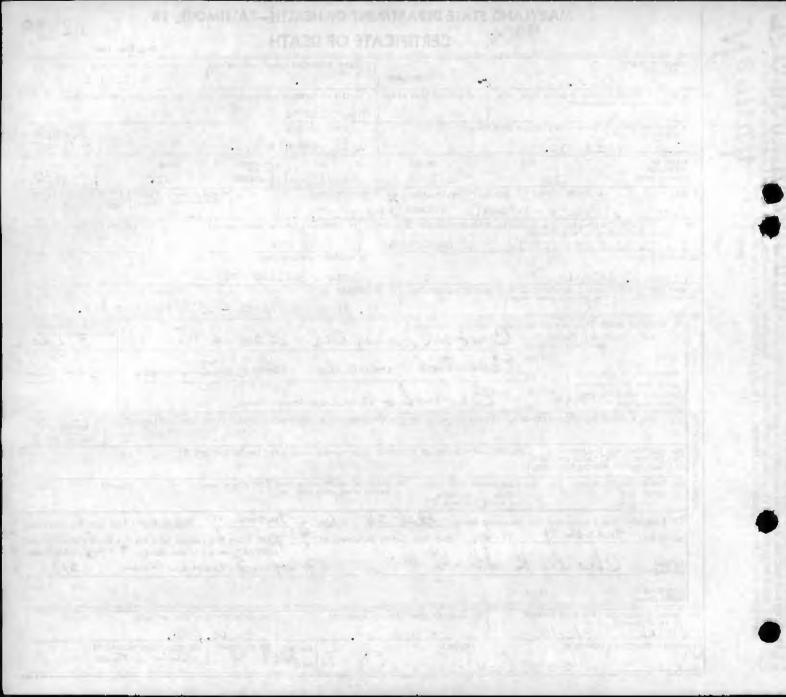
VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2904	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

02878 Rea, Dist. No.

1. PLACE OF DEATH o. COUNTY	Balto.		MARY	LAND	O. STATE	DENCE (WH	iere deceosed	lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN	If outside corporate limi	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside corpor	ole limits, write R	URAL ond	give nec	rest lown	)
Halethorp					Haleth		5	7				
	TAL (If not in haspital, g	ive street	address)		d. STREET A	DDRESS	1	1			e. IS RESI	DENCE
/	ncis Ave.				1316 F	ranci	s Ave.					NO T
J. NAME OF	Fir	1	Middle		los		4. DATE	Mor	dh	Do	v )	rear -
(Type or print)	IDA		ELIZABE	ETH	ARIN	GTON	OF DEATH	Ma		7		9 60
5. SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIE	D T	DATE OF BIRT	Н		9. AGE (In years last birthday)		-	IF UNDE	R 24 HRS.
female	white	WIDOWI	DIVORCE		April 7	. 188		71 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION MOST of way	ON (Give kind of work of king life, even if retired)	one 10b.	KIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPL	ACE (Slote	or foreign co	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
Practical	Nurse (rtd	1	self employ	red	Vi	rgini	a					
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					-
James E.	Arington				Rachel	Mati	lda Ra	snik				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. IN	FORMANT	230002	2000	Add	ress			
(Yes, no: or unknown)	(If yes, give war or dates of s	rnice)		Mr	e Edna	Mein	hardt.	- 1316 F	'ranci	e A.	370	
DO CALISE OF DE	ATH [Enter only one co	na pas lie	a fac (a) (b) and (a) 1		5. Dana	HELI	nar do	י טבעב	1 dile.			
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(0	rebral s	ves	cular	0	ecci	dent		ONS	RVAL BEI	DEATH CALRE
Conditions, if		Es	sential	No	escula	v d	hype	ertens	ion	.4	yen	ra
	gove rise to immediate couse (a), stating the under DUE TO											
5	HER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(0) 1	9. WAS A PERFOI YES [	RMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature o	f injury in F	Port I or Port	Il of item 18.)				
Y 20c. TIME OF INJUIT Hour o. m.	RY Month, Doy, Yeo	r 20d. It White of worl	Nat while	20s. PLA foct	CE OF INJURY !! ory, street, office	Home, form bldg., etc.	20f. (City	or lawn)	(1	County)		(Stote)
21 I certify th	nat I attended the	decease	ed from	6-2	6 1960	10 00	ruch	7 10/01	the t	lant on		deceased
olive an2	nerch 7	_, 19			occurred at	900	2M, from	the couses o	ind an t	he do	te state	d above
ACTUAL SIGNATURE	Tharles 1	K x	Henry h.	» & N	.D. /	264	ADDRESS (SI	eet, city or town,	Slote)	2	(3)	TE SIGNED
PHYSICIAN'S NAME (Type)		·										
220. BURIAL, CREMATIC REMOVAL_(Specify)		F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATI	ION (City, Iown, o	or county)		(State	)
Burial	3/12/60		Loudon Pa	rk (	lem.			to. Md.				
23. FUNERAL DIRECTOR	SICHMEN	- 7	Sous -	Sal	to 17	24a. REC'I	BY REGISTR	AR 24b. REGIS	TRAR'S SI			
1)		-	-	V	tus							
V				1	1							



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE 6. COUNTY BALTIMORE LTIMORE MARYLAND b. CITY OR TOWN (15 outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) and give negrest fown) NORTHBROOK NORTHBROOK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS GOUGH ST. #24. GOUGH Sr. 3. NAME OF DATE DECEASED LESTER 10015 (Type or print) DEATH MARCH 5. SEX 6. COLOR OR RACE 7. MARRIED 🔀 NEVER MARRIED 🗍 8. DATE OF BIRTH 9 AGE illa vagra IF UNDER TYPAR last birthday) Months 2 yrs. WIDOWED [7] DIVORCED [7] 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BALTIMORE. MAINTENANCE MAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROWLEY ISSOURI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ilf yes, give war or dates of service) SAME . EDNA AYERS NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause **DUE TO** (o), stating the underlying cause lost Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 1) of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20° TIME OF INJURY Month, Day, Year 20H. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) EXAMINER: factory, street, office bldg., etc.) 0. 16. While Not while ot wark all work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection I Inquiry I and find that to the Chief L DIRECTOR Notural couses Accident ... Suicide . Undetermined cause . Homicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE worded b ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) EASTERN BLVD: BILLTOCC, MD.

VS. ATSME(5) 5M 9/55

RIA 23 FUNERAL DIRECTOR'S SIGNATURE

24g, REC'D BY REGISTRAR MAR 21 '60

CEM.

24b. REGISTRAR'S SIGNATURE Crimer & Trust

(County)

. IS RESIDENCE ON A FARM?

YES T NO T

Year

IE UNDER 24 HRS.

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🗍

DATE SIGNED

(State)

NO [

(State)

19 60



Raker

17. INFORMANT

MARYLAND

c. LENGTH OF STAY IN 16

Vrs.

6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH

10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (State or foreign country)

WIDOWERTX

Gaston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

Middle

DIVORCED [

Rheem Mfg. Uo

o. STATEMaryland

14. MOTHER'S MAIDEN NAME

Irene Fyock

d STREET ADDRESS

Edgeme re

Estelle

4. DATE

DEATH

e. IS RESIDENCE

ON A FARM?

YES NEX

Year

19

60

Reg. Dist. No.

Baltimore

Day

IF UNDER 1 YEAR! IF UNDER 24 HRS

U.S.A.

Hours

12. CITIZEN OF WHAT COUNTRY?

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Avenue

yrs.

Address

Months

March

last birthday)

9 AGE (In years

1	\$
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the rune should to	~
es i ond	

PLACE OF DEATH

Edicame re

OR INSTITUTION

Baltimore

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

Estelle

b CITY OR TOWN (If outside carporate limits, write

Viela

Ret. Assmbly. Work

a. COUNTY

Res..

NAME OF

5. SEX

DECEASED

(Type or print)

Female

13. FATHER'S NAME

Page

deoth.

2 hours after

within

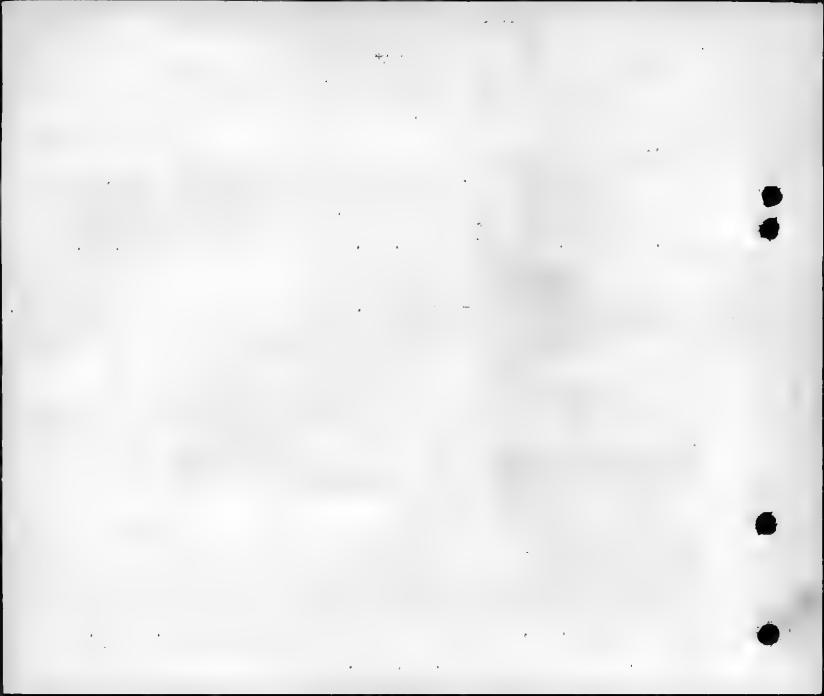
requires that

hours

physician

219-03-4982 Gedar No No Mr. Dovle Kelly 1928 Lane 22. Md. offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AYOU DUE TO Canditions, if any, which ! gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) 20c, TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not white at work all wark p. m. 21. I certify that I attended the deceased from Angles . 1960, that I last saw the deceased and that death occurred at // A ACTUAL PHYSICIAN'S NAME (Type) 3 22g. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) Moreland Memorial Taylor Ave. Md . 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR JOHN J. DUDA 7922 Wise Ave. 22, Md. 1000

15M 10/57



Reg. Dist. No.

	Baltimore	MARYLAND	o. STATE	b. COUNTY		
_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL ROCKdale	c. LENGTH OF STAY IN 16	X Rockfale,	tside corporote limits, write f	7.id.	
	d NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	dress)	d. STREET ADDRESS	nes Road	0.	ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Jacob	Middle Da	Lost Rumann	4. DATE Mor OF DEATH Panch	nth Day	Year 19 10
5.	6. COLOR OR RACE 7 MARRIEI 11010 WIDTE WIDOWED	DIVORCED DIVORCED	B DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days	Hours Min.
	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	nd of Business or Indu Retired	JSTRY 11 BIRTHPLACE (Stote o	r foreign country)	12 CITIZEN OF	
	Joseph Daulann		W 1 0	Daa		
			INFORMANT	Baltine umann \$502	St. James	
ATION	18. CAUSE OF DEATH [Enter only one cause per fine PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate cause (o), stoting the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CO	idinans (	Cuf -	e c Cércha	VEN IN PART HOLES	WAS ALTOPS
IL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED (Enter noture of injury in Po			TES NO L
MEDICA	20c TIME OF INJURY Month, Doy, Year 20d INJU Hour o.m., 19 White of work [	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County)	(State
	21. I certify that I attended the deceased alive an MHG. 3. 396 s	20		A, from the causes are porcess (Street felty or lown,		
220	PHYSICIAN'S THOMAS E. W.)  BURIAL, CREMATION, 22b. DATE THEREOF	TELLE 22c. NAME OF CEMETERY (	OR CREMATORY	22d LOCATION (City, town,	or county)	(State)
1	removal (Specify) Lurial Funeral Director's Signature		Park Wemete	ry Woodlan	. 7	
3	Frank St. Marth	L. V. D.	DATE MA		of Lun & House	



# FOR STATE EALTH DEPT. relained for your Hest. te State Board of Health, ther death, だ。

If any delay is necessary, p

TERPUTY MIDICAL EXAMINER: This certificate should be emmited within 11 hours after death. If execute the certificate, writing the word "pending" in pending the fleet. 18. Give Poges 1, 2, and 3 th yould be forwarded. The Chief Medical Examiner's Office along with farm PM3. Particular JNERAL DIRECTOR. 3 should be used as a burial-transit permit. File pages 1 a.m. work or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours.

VS A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

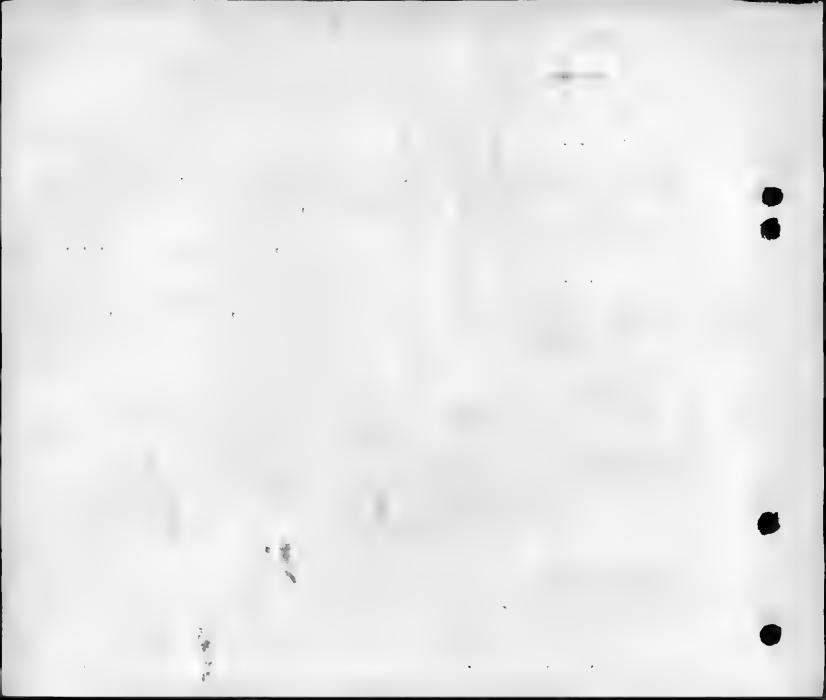
02883

Par Dist No.

								wear min.	1401	
PLACE OF DEATH	Baltimore		MARYL	- 16	2. USUAL RESIDENCE 0. STATE MALTY	(Where deced	sed lived If institu		before od	mission)
and give nearest fown	outside corporate ilmits. willi	FURAL	c. LENGTH OF STAY II	N 15	c. CITY OR TOWN	(If outside con	porota limits, write	RURAL and gr	ve neorest l	lown)
d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pito), give street address		d. STREET ADDRES	S				RESIDENCE N A FARM?
Bethlo	ehem Steel	Compar	ny Dispensar	y	4612	Kavon			□ NO □X	
3. NAME OF DECEASED (Type or print)	Fir Stew		Middle		Bean	4. DATE OF DEATH	Mont	h 2	Doy	Yeor 1960
5. SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years feat birthday)	IF UNDER TY		
Male	White	WIDOWE	DIVORCED [	J S	ept. 6, 18	192	67 yrs.	Months Day	ys Hours	Min.
100. USUAL OCCUPATION during most of working Hot str.		done 10b K	IND OF BUSINESS OR IF Steel	NDUSTRY	Penna.	ote or foreign	country)		S.A.	เร ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋ ๋
13. FATHER'S NAME	4- 17 AII Is deals			1	4. MOTHER'S MAIDE	N NAME			22.e./3.e	
	Bean				9					
15. WAS DECEASED EV		RCES? 16.	SOCIAL SECURITY NO	17. INF	ORMANT		Address			
NO.	III yes, give wor or dotes of	service)		Mr	s. Eleanor	a Bean				
Conditions, if a gave rise to immer (a), starting the cause lost.	underlying DUE TO		PATRIBUTING TO DEATH		OCE LAS		SE CONDITION GI	VEN IN PART )	1 3x.2	
200. EXTERNAL CAL	JSE WAS 20		HOW INJURY OCCUR							ORMED?
CAUSE OF DEATH.  20c. TIME OF INJUI Hour G. m.		White	NJURY OCCURRED 200 Not while	e. PLACE loctory	OF INJURY (Home, f	orm, 20f (Cit	y or town)	(County	·)	(State)
1 1		of the r	emoins described couses Accid	ent [	, Suicide [],	Homicide	Under		nner DATE	SIGNED
EXAMINER'S NAME (Type)	JACK C		llins		ASSISTANT MEI				3-2	2-60
270. BURIAL CREMATIC REMOVAL (Specify) BUPTEL		)F	Parkwood				RION (Cily, lown, kville,	.,	{Sic	ole)
23 FUNERAL DIRECTOR			ADDRESS		240 R	EC'D BY REGIS		STRAR'S SIGNA	ATURE	
Ullrich I	uneral Hom	ad.	60 C.	inno S. F.	aud_					



4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00%
TATE	2921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. U.Z.	804
DEPT.	PLACE OF DEATH a. COUNTY  Description: Maryland  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss b COUNTY  Description: Maryland b COUNTY  Minnegota	ian)
31	b. CITY OR TOWN (if autside corporate limits, write RURA) and give nearest town	h)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES	DENCE
X	Aboard S.S. Santore (Aid of sea) 905 Lincoln Avenue	FARM?
	NAME OF First Middle Lost 4 DATE Month Day Yes OF	ÒŦ.
		60
	Male White WIDOWED DIVORCED March 13,1925   Months Days Hours	Min,
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Merchant Marine Shipping Erskine. Minnesota U.S.A.	OUNTRY
	Merchant Marine   Shipping   Erskipe, Minnesota   U.S.A.	
_	A. E. Belyea Elsie Erickson	
T	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (17 yes. give wor or dotes of service)	
	YES 1948-1950 721-09-3804 West Funeral Home, Detroit Lakes, Minnes	ota
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Sub FR AchNoid He morkhage  [INJERVAL BETWEEN CONSTITUTED ON THE PROPERTY OF THE P	KS
	Conditions, if ony, which) (b) Hypertensing C-V-Disease	
	gove rise to immediate couse (a), sloting the underlying DUE TO couse lost.	
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19, WAS ALL PERFORMANCE TO THE TERMINAL DISEASE	JTOPSY MED?
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b DESCRIE HOW INDEX OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	- \$-
	20c. TIME OF INJURY Month, Day, Year Not Month, Day, Year Not While Not while at work of the desired of the desired points of the de	(Stole)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection	in my
	opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner	
1	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNATURE	ENED
. 7.	EXAMINER'S M.B. DAVIS M.D. DEPUTY MEDICAL EXAMINER D 3/28/6	20
	DELINOVAL (Steed of CEMETERY OR CREMATORY 226 LOCATION (City, town, or county)  Lemia Lutheran Cemetery Winger, Minnesota	
	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	
	illiam Cook, Inc., 1217 St. Paul Street DATE 1 '60 Cuthun & Kinua	



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2922

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02885

Reg. Dist. No.

	) PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
/	Ba]	timore		MARYLA	AND	o. STATE	Md.		b. COUN	ry Ba	lto	•	
	b. CITY OR TOWN (If and give necess town)	outside corporate fimilis, write #	UFAL	c. LENGTH OF STAY IN	і 1ь	c. CITY OR	TOWN (II	Foutside cor	porote limits, writ	RURAL ond	give nec	orest fown)	
	Randallst			in transit	: [	X Pike:	svill	e-8					
	d. NAME OF HOSPITA	L OR INSTITUTION (IF	not in hospi	tal, give street address)		d. STREET			<u> </u>			A. IS RESIDENCE ON A FARM?	
	Liberty	Road				Box :		YES NO M					
	3. NAME OF DECEASED	First		Middle		Los	•	4. DATE	Mon	th	Day	Year	
	(Type or print)	RICHARD		GLEN		BENNET'		DEATH	March		18	19 60	
	5. SEX		NEVER MARRIED				9. AGE (In years lost birthday)	IF UNDER 1		F UNDER 24 HRS			
	Male		VIDOWED			Oct. 18			45 yrs.		loys I	Hours Min.	
	10a. USUAL OCCUPATIOn during most of working	N (Give kind of work do	ne 10b. KIN	ID OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPL	ACE (Stole	or foreign	country)	12. CITIZ	EN OF	WHAT COUNTRY?	
	Pipe fitter	,,	Shi	p Building				. Va.		U.S	. A.		
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
	William Be	nnett				Zula	B. W	ymer					
Y	15. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16. SC	CIAL SECURITY NO.	17. IN	PORMANT			Addres	1			
A	no			-12-0132 M	írs.	Helen	Ostr	ow, 55	10 Park F	its.Ave	. , B	alto.15,M	
	18. CAUSE OF DEAT	H [Enter only one couse	per line for	r (a), (b), and (c).]		*****					INTERVAL BETWEEN ONSET AND DEATH		
- 1	PART I. DEAT	H WAS CAUSED BY:	Commu	nited fract	11170.6	of ri	oht k	noo l	Fracture	of			
ı	810	DUE TO		femur, Mult							1	0_min	
	Conditions, if on			ured skull	. TP I	ie ilaci	rares	OT LI	ie beivis	9			
٧.	gove rise to immed	ofe cause	FLAGL	ured skull									
	(o), stoting the underlying DUE TO												
- 1													
2	PART II. OTH	none								, 4.4 114 1 7(6)		PERFORMED?	
	200 EXTERNAL CAU	SE WAS 206		OW INJURY OCCURRE	D. (Ent	ter noture of in	iury in Port	t Lor Port II	of item IR )			5 NOX	
	PRIMARY DO OF CON	TRIBUTING []	St	ruck by aut	omo	bile	(a-) m : 0	, , , , , , , , , , , , , , , , , , , ,	D. 116111 (D.)				
	20c. TIME OF INJURY		20d. INJ	JURY OCCURRED 20e.	PLACE	OF INJURY (F y, street, office	Home, form	20f. (Cit	or lown)	(Coun	ty)	(Stote)	
	7:30 p.m.	Mar. 18 1960	of work	Not while	ibe	rty Rd	•	Rand	dallstown	, Balt	0.,	Md.	
1	21. I certify the	ot I taak charge o						y 🔲 , 1	nspection 🔀	, Inquiry	X,	and find that	
1		fram: Natural ca							ndetermined		-		
1	ACTUAL	0 7	. /									DATE SIGNED	
	SIGNATURE	A. A. Com	ple	-		M.D.		AMINER [					
	EXAMINER'S					AL EXAMINE							
ŀ		D. D. CAPLE					MEDICAL	EXAMINER E	3	3-1	9-60	0	
	220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22	C. NAME OF CEMETERY	OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stoře)	
	Burial	3-23-60		Queens Poin	t C	emetery			er. W. V				
	23. FUNERAL DIRECTOR'S			ADDRESS				D BY REGIST	100	STRAR'S SIGN			
	Loring Byer	s, 8728 Lib	erty F	Rd.,Randall	sto	wn, Md.	DATE	AR 2 2	60 6	Irthun S.	tran	4	

VS. A15ME(5) 5M 9/55

or removal.

TO DEPUTY MIDICAL EXAMINER: This certificate should be executed within 24 haurs offer death. If ony delay is necessary, please examiners of the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fanetal director. Page 4 should be routed to the Chief and Examiner's Office along with farm PM3. Page 5 may be rejoined to the Chief and should be used as a buriol-transit permit. File pages 1 and 2 the Sistrar priar to buriol, cremotions.

H



256 REGISTRAR'S SIGNATURE

Colling & thouse

250 REC D BY REGISTRAR

DATE MAR 1 8 '60

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)	7		I		,

director, filed-with

in by the funeral and 2 shauld be fi

200

and in any event, within 72 by the attending physicion it. Then please remove cor

is certificate has been signed by use as the buriol-fransit permit. To buriol, cremation, or removal,

Poge 4

**MITSICIAN:** The low impures that the Beath pertificate be executed within 24 hours ofter death

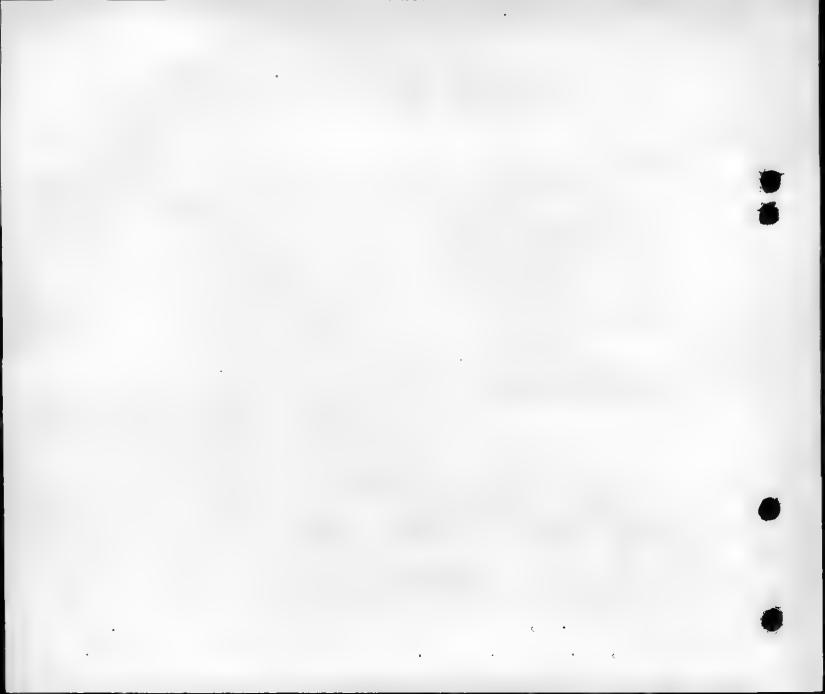
CERTIFIC	ALE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY BALTIMORE MARYLAN	O. STATE MARYLAND b. COUNTY
b CITY OR TOWN (if autside corporate limits, write   c LENGTH OF STAY IN 1	b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
RURAL and give nearest town) COCKETSUILLE 14 MONTH	BALTIMORE 3V1.7
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e is residence on a farme.
MASONIC HOME	4416 OLD FREDERICK RD YES NOD
3 NAME OF DECEASED (Type or print)  OHN  Middle  P	BEVANS  1. DATE Month Day Year  OFATH MARCH 16 1960
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Isst birthday)   Months   Days   Hours   Min
WIDOWED DIVORCED	
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	
IN SURANCE	MARYLAND L'.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES L. BEVANS	SARAH F. PEOL'ZZI
	7, INFORMANT Address
(Yes no, or unknown) (I yes, give war or dates of service) 2/2-/2-03/7	Frend X. Amitt J. Cochegovitte, My
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
,	Marie aran
DUE TO Vascus	Par Diegoie 2 years
Canaditians, if any, which	ar Relace -
gave rise to immediate cause (a), stating the under DUE TO	
lying cause lost.	
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	PERFORMED? YES NO
206 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I ar Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, form, 20f. (City or lawn) (County) (State)
Haur a.m. While Nat while	factory, street, affice bldg., etc.)
21 I certify that (I) (this haspital) attended the deceased fra	m. 1-19. 1957 to 3-16 , 1960, that (1) (we) last
saw the deceased affive on 3-16 1960, and that	at death accurred at 7:15 M, from the causes and on the date stated above.
22o SIGNATURE	22b DATE
Walter 1. Ices	M.D. PHYS. DIRECTOR FINE STAFF 3/6/6 C.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) WALTER T. KEES	COCKEYSUILLE, MD.
230 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETER	
Bundyal (Specify) Mar. 19, 1960 Loudon Pr.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Total Called A Marie

1217 St. Paul St.

II HOSTITAL OR ATTEMPTING O VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE V.M. COOK, Inc.

FRAL DIRECTOR: /



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2924 Reg. Dist. No. director, ited with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed COUNTY a. STATE h. COUNTY Balton MARYLAND Balto. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) shauld | Randallatown 5 Yrs. Randallatown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3611 Blackstone Road WHOLE NO ! 3611 Blackstone Road 3. NAME OF First 4. DATE Middle Month Year DECEASED (Type or print) DEATH 2010.5 luguste 19 5. SEX 6. COLOR OR RACE 7. MARRIED AND BURNER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 1872 lost birthdoy) Months Doys 1871 10g USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S d Housewife None U.S.A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown August Sneider 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) Mr. Frederick W. Bishop 3611 Blackstone Road No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) days DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19: WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased from 170015 1968 that I last saw the deceased and that death accurred at R.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) **PATE SIGNED** ACTUAL 3601 Oliffer Boad PHYSICIAN'S 3601 Olifmar Road Balte. 7. Mde. Dr. Thomas E. Wheeler NAME (Type) 部で 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Cometery Oliva Randallaton Md.
24g. REC'D BY REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE MAR 2 3 '60 VS A15 (4) 8728 Liberty Road C. Muy S. Thousa 15M 10/57 Randallstown. Md.

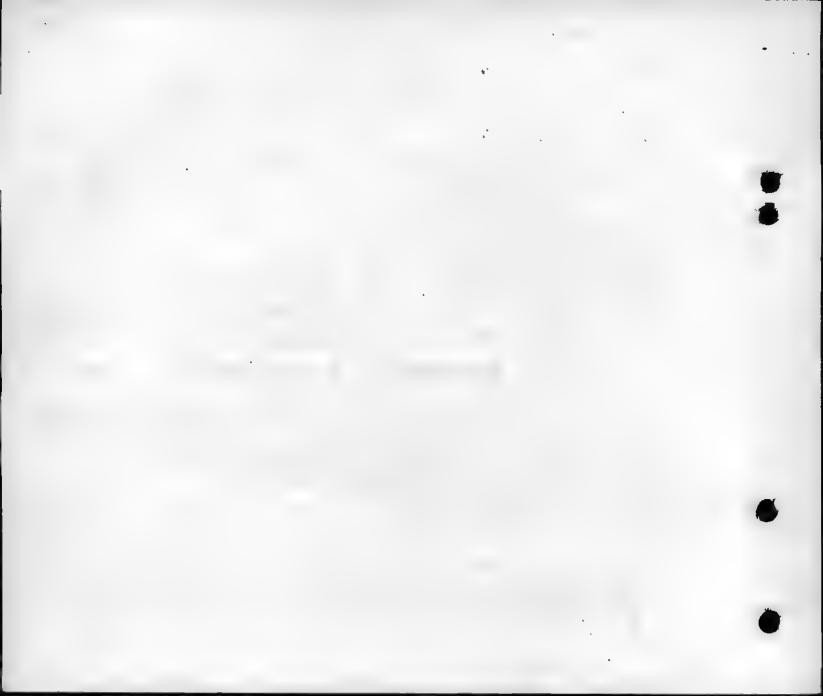
73 \$ . . .

VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 2925 CERTIFICATE OF DEATH

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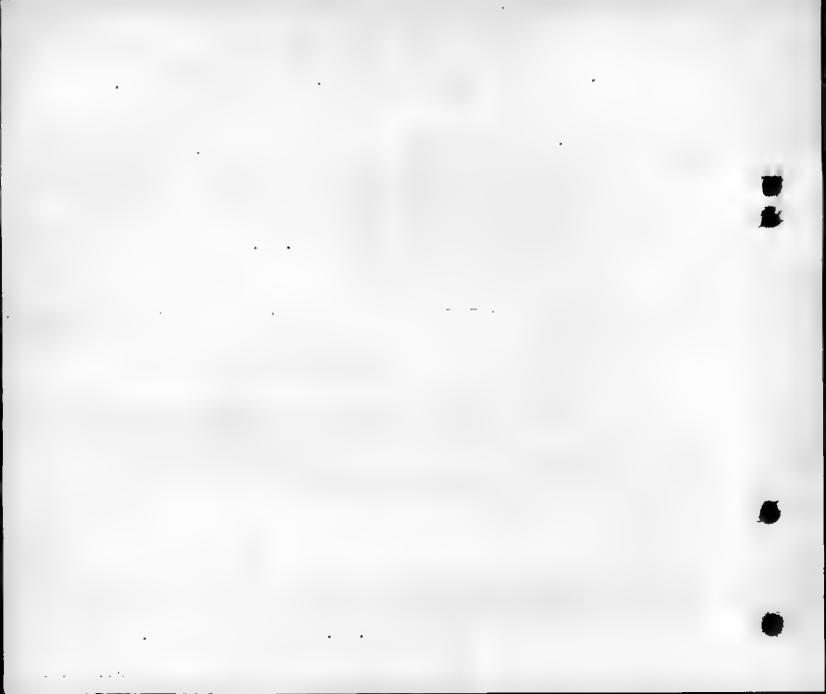
1	1. PLACE OF DEATH Baltumore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY of all le
	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL - B alle	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5504 Willy Que	1 d STREET ADDRESS  550 6 Willy Que  e. IS RESIDENCE ON A FARM? YES \[ \text{NO} \text{ NO} \]
	3. NAME OF DECEASED (Type or print) GEORGIA CERTRUDE	BLACK DEATH MARCH 2 1960
	5 SEX  Fend 6. COLOR OR RACE 7 MARRIED NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  13 Oct 1880  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost birthday)  Wanths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	USTRY 11. BIRTHPLACE (State or foreign country)  Whow Brief  L. S
,	13. FATHERS NAME flores a. Bragg	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 [Yes, no or unknown] [If yes, give wor or dates of service] 37444449	Mry Berry ~ 550 C Really
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Parline Interval Between ONSET, AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.	e C-V- desere. year
)		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO
e.	206 ACCIDENT WAS UNDERLYING CONCRIBE HOW NURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Port II of item 18.)
	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Hour a m. p. m.  19 While Nat while at work at work	PLACE OF THURY (Home, form 20f. (City or town) (Caunty) (Stale) actory, threel, office blog., etc.)
	21 I <b>certify</b> that (I) (this haspital) attended the deceased from saw the deceased alive an 12 20 and that	death accurred at 30 M, from the causes and an the date stated above.
	220 SIGNATURE William Joselman	MD ATTENDING MED STAFF 276 DATE SIGNED, PHYS. 1 2 M CL. 8
	PHYSICIAN'S NAME (Type) WILLIAM GOOMAN. M	1 1334 SULPHUR SPRING KOAD MA
	23g BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY Burial 3/5/60 Meadowridg	· · · · · · · · · · · · · · · · · · ·
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWard H. Hubbard 4107 Wilkens A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



			MAI	RYLAND ST	TATE DEPARTM				ORE, 1	8	029	889
				2926	CERTIFIC	ATE OF I	DEATH	Į		Reg. Dist. N	4.	
	1.	LACE OF DEATH	Baltimo	re	MARYLAND	2. USUAL RESI	Mary	ere deceased lived Land	. If institutes b. COUNTY	n: Residence bi	efore admis	sion)
	1	CITY OR TOWN (	If autside corporate earest town)	a limits, write c	LENGTH OF STAY IN 16	c. CITY OR		utside corporate li	mits, write RL	JRAL and give	nearest low	n)
	_	A MANE OF NOCE	Annesli			d. STREET		imore		3	e IS RES	1DENCE
090		OR INSTITUTION	Armacos 812 Rege	t Nursing ester Ave	Home nue	d. SIREET		East Bel	vedere	Avenue	ON A	FARM?
	3.	NAME OF DECEASED	3.5	First	Middle	La	st	4. DATE OF	Mani		/	Year
	5. 5	Type ar print)	Mrs.	Frances	Walton	Blaney		DEATH	Marc	h 1		19 60
		Female	Mhite	WIDOWED [	NEVER MARRIED  DIVORCED	B. DATE OF BIRT		las	t birthday)	Months Day		Min.
				,						12. CITIZEN	OF WHAT	COUNTRY
		during most of wor Saleslady	king life, even if re	ntired) Dem	of Business or INDI artment Stor	o Vina	inia			USA		
	13.	FATHER'S NAME		Lep	ar omeno poor	14. MOTHER'S	-	IAME		UDA		
		David Hut	chenson			_		Culbe	ert			
	1\$.	WAS DECEASED EVE	R IN U. S. ARMED		CIAL SECURITY NO.	INFORMANT			Addr	ess		
	[74:	No. or unknown!	(If yes, give war or date	21.	7-03-1836 Ge	orge D.	Blanev	, 806 E.	Relve	edere A	ve. B	alto.
	F	18. CAUSE OF DE	ATH [Enter only or	ne couse per line f		7				) tr	NTERVAL BI	ETWEEN
		PART I. DE/	ATH WAS CAUSED	BY (SE (O)	11.10261	- 1	12 to	2=0.124		6000	NSET AND	DEATH
		4-22		IE TO	)		- 1	1+/-				
		Conditions, if o	ony, which )	(b) 10	enen-	a land	1 7	1-1-ed	1-1			
		gave rise to a		IE TO		c-5		£ 11			4	
	_	lying couse lost.	)	(9)	72 set /	1 3 -	at L	e 2 /	- Ed	29	16-9	1 <-
0	CATION	PART II. OT	HER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO DEATH, BU	T NOT RELATED TO	O THE TERMII	NAL DISEASE CON	IDITION GIV	EN IN PART 1(o	PÉRFC	AUTOPSY DRMED7 NO [[
	CERT FI	20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING E CAUSE OF DE MEDICAL EXAMIN	20b. DESCRIE ATH NER)	E HOW INJURY OCCURR	ED (Enter nature (	of injury in P	ort I or Port II of	item 18)			
	MEDICAL	20c. TIME OF INJUI	RY Month, Day,			ACE OF INJURY			wn)	(Coun	ty)	(State
	MED	Hour o, m, p. m.		19 While of work	TAOL MILIE	ciory, sireer, ornic	e ologi, cit.	, i				
		21. I certify th	nat Lattended	the deceased	fram 7720-	1948	(10/110	uch. 10	2. 1960.	that I last s	aw the c	lecease
		alive an MAI	9ch 10	2 , 1960	, and that deat	accurred at	11:45	M, fram the o	auses and	d an the do	ate state	d abov
		14	11 1	TATES	4/	7		ADDRESS (Street, o			5 DA	TE SIGN
,		ACTUAL SIGNATURE	andlo	1420	222666	M D.					9//0	16
1		PHYSICIAN'S NAME (Type)	HARLES	F. O.D	ONNELL	7501	YOR	t Rd.	Tou	USON	Mar	yln
Λ	220	BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE TH	IEREOF 2	C. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION (			{Sta	te)
		Burial	March	14,1960	Druid Ridge	Cemetery				Maryla		
ù	23	FUNERAL DIRECTOR		/ 1/2	ADDRESS		24a. REC'I	BY REGISTRAR		TRAR'S SIGNA		
-3		Burgee   E'u	neral Ho	me 363	l Falls Road	l	DATE	1 4 '60	arthu	1 S. Ham	A	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2905 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY filed o. STATE Balto. **b.** COUNTY MARYLAND Md. ofter death uneral b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) å RURAL and give nearest lawn) should Arbutus d. NAME OF HOSPITAL (If not in haspital, give street address)
1204 Francis Ave. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO T 2909 Virginia 3. NAME OF First 4. DATE Middle Lost Month Year DECEASED MARETTA MAY BLANKENSHIP (Type or print) DEATH 19 60 March 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days female whi.te Hours WIDOWED [7] DIVORCED [7] May 2, 1902 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housewife at home Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici move hours George Emrich Elizabeth Smith IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [If yes, give war or dates of service] 72 offending 236-20-9261 Mr. Charles R. Blankenshin - 2909 Virginia Ave. 18. CAUSE OF DEATH [Enter only one cause per line fgt\_(a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY mirutes IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) (County) (State) factory, street, office bldg., etc.) While Nat while Z: 50 Baltimori 73 a.L.Tu at work at work p. m. march 21. I certify that I attended the deceased from 1960 that I last sow the deceased ta. and that death occurred at \$ :50 F M, from the causes and an the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) REMOVAL (Specify) Burial Glen Haven Mem. Pk. Glen Burnie. 23 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 10/57



#### **EPARTMENT OF HEALTH—BALTIMORE, 18** CERTIFICATE OF DEATH director. 1. PLACE OF DEATH 2 USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] o. COUNTY b. COUNTY Fied MARYLAND haves ofter death. funeral b. CITY OR TOWN (if outside corporate limits, write & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Patmon placat d. NAME OF HOSPITAL (If not in hospital, give street oddress). OR INSTITUTION Paradise Pursing Home d. STREET ADDRESS 4. DATE OF DEATH Middle NAME OF Local Month 3 (Type or print) within. 9. AGE (In years lost b rthday) 5. SEX NEVER MARRIED DATE OF BIRTH MARRIED WIDOWED Y DIVORCED S yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo carbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending physician TAYLOR VinSon гетоме hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 54 Sug Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underpuo lying couse last. burial-fronsit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY removal, 20%. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour o. m While Not while of work of work 19 60 that I last saw the deceased 21. I certify that I attended the deceased fram.\_\_ , and that death accurred at 6: A . M, from the causes and an the date stated above. ö ADDRESS (Street, city or town, state) ACTUAL -LIMIARE

e. IS RESIDENCE ON A FARM? YES NOT

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO Z

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Doys

Yeor

1960

Reg. Dist. No

Months

22c. NAME OF CEMETERY OR CREMATORY

24g. REC'D BY REGISTRAR

22d. LOCATION [City, lown,

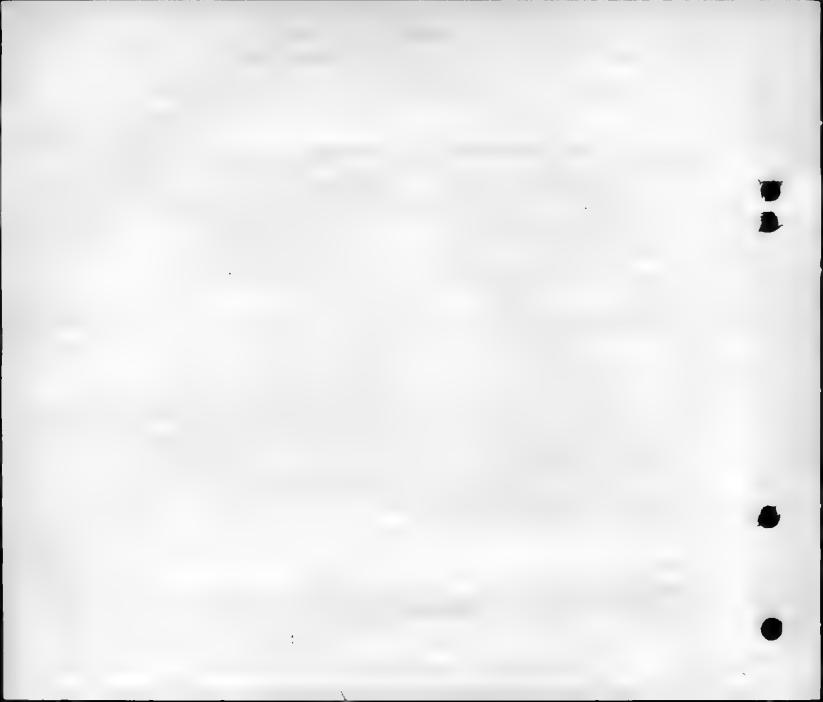
or county)

(County)

FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION

240 REGISTRAR'S SIGNATURE Curiny d. Thousa



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3
. 4	2929 CERTIFICATE OF DEATH	(417() Reg. Dist. No.
	1. PLACE OF DEATH  o. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE  Maryland  Maryland	Residence before odmission) Prince George
M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Catonwille  LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  For restville. Maryland	
23 should cold		D C N RESIDENCE
l one	3. NAME OF DECEASED (Type or print) Ida R. Brady DEATH Mar	
Poge	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTING 9. AGE (In years I lost birthday)	F UNDER 1 YEAR IF UNDER 24 HI Manths Days Haurs Min
odpers. oth.	10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTR
irbon p	13. FATHER'S NAME  Own Home  Maryland  14. MOTHER'S MAIDEN NAME	U. S. A.
hours of	Unicom John DeVaughn  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   INFORMANT Addres	
in 72 h	Unknown No "or unknown) No "or dates of services Unknown Records: SPRING GROVE STATE	HOSPITAL
nt with	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c)]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterio Scler. Cardio Vase. Diseas	INTERVAL BETWEEN ONSET AND DEATH
signed by mild in by and in any even	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if only, which gove rise to immediate cause (a), stoting the under- lying cause last.  PART I. DEATH WAS CAUSED BY: Afterios felex. Cardio Vase. Diseas  Afterios felex. Cardio Vase. Diseas  Oue To  Ou	L
noval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVES	N IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
the bu	20a ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
emation	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Haur a. m. 19 White ot work of wark of wark	(County) (Sta
tached for	21. I certify that I attended the deceased from Feb. 21 , 19.56, to March 17 , 19.60 to March 17 , 19.60 to March 17 , 19.60 and that death accurred at 3:35%, from the causes and 3:35p.m. ADDRESS (Street, city or lown, st	an the date stated above
d be de prior to	SIGNATURE SLELLA MOCCUESTES M.D. SPRING GROVE STATE	_
3 shaul gistrar	PHYSICIAN'S Tella Wachsler, M. D. Catonsville 28, Mary	
poge the reg	220 BURIAL CREMATION, 22b. DATE THEREOF REMOVAL Specify) 3/19/60 Epiphany Cemetery Forestville	, Md.
(4) (B		RAR'S SIGNATURE

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

02893

ı		2330	CERTIFICAT	E OF DEATH		
	1 P	COUNTY BUTTON	MARYLAND	a. STATE	leceased lived. If institution b, COUNTY	Residence before admission)
	6	CITY OR TOWN (if outside corporate limits, write RURAL and auso recrest loyer)	c LENGTH OF STAY IN 16	CITY OR TOWN (IF dulsid	e corporate limits, write RUI	RAL and give nearest tawn)
	9	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON	address)	d. STREET ADDRESS	ton an	e. IS RESIDENCE ON A FARM? YES NO
	C	AME OF First ECEASED ype or printy M inway	H. Bh	0	DATE Manth OF DEATH MAN	Day 30 196
	S SI	amale White WIDOW	ED A DIVORCED	DATE OF BIRTH	last birthday)	Months Days Hours Min.
	10d.	USCAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTR	RY 11 BIRTHPLACE (State or fo	reign country)	12 CHIZEN OF WHAT COUNTRY?
	13. [	ATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	,	·
		Alonge EX	artung	DRMANT	Kin	
	{Yes,	(If yes, give war ar deles of service)	SOCIAL SECURITY NO 17 INFO	Harry 13	Brand.	<u></u>
		1B. CAUSE OF DEATH [Enter only one cause per Jim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c) f hypeardial	inforition		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the under-	rten selection	cardier	Variaber C	10 y20
	7	lying cause last. (c)			//	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	PERFORMED? YES NO [2]
		200. ACCIDENT WAS UNDERLYING 1 206 DES OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I	or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d II Hour a. m. While p m 19 at war	Not while facto	E OF INJURY (Home, farm, 20 ry, street, affice bldg., etc.)	Of (City or town)	(County) (State
		21. I certify that (I) (this haspital) attend	4			_, 19E, Ghat (1) (we) last
		saw the deceased alive an 3/21	and that de	ath accurred at//2.M,	from the causes and	I an the date stated above
		220 SIGNATURE	nd_ M	ATTENDING MED DIRECT	OR PHYS	27b DATE SIGNED
		22c. PHISICIAN'S NAME (Type)		22d. ADDRESS		**
		James E. Rowe		IOII Freder	ick_Rd.#28_	Md
	230.	BURAL, CREMATION, 236 DATE THEREOF	23: NAME OF CEMETERY OR	CREMATORY 23d	Balta.	county) (State)
	24	WHERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY		RAR'S SIGNATURE
	A STATE OF THE STA	may Mish +	2/172 2/8	DATE API	R 4 '60 C	Lithur S. Phone

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO RERAL DIRECTOR:

It is certificate has been signed by the attending physician and of feet in by the funeral director.

To see A should be detach use as the burial-transit permit. Then please remove carbon popular, ingles I and 2 should be filed with the State Board of Health prox to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR AIS (4) ISM 9/59



177

may be retained by the hospital or attending physician.

O'NERAL DIRECTOR: Afterthis certificate has been signed by the attending physician and constructed as a shauld be detached use as the burial-transit permit. Then please remaye carbon pathe registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/S7

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0024

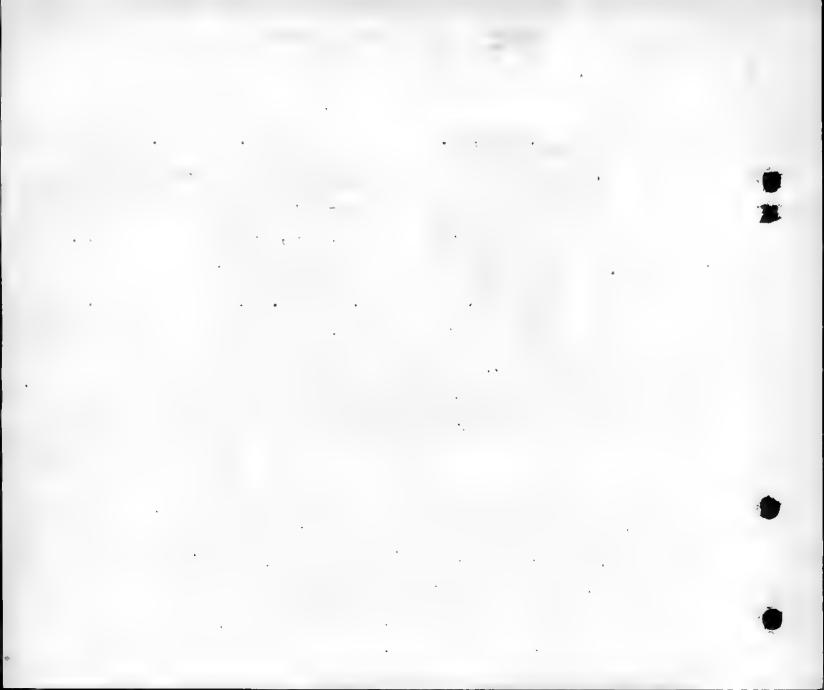
	2937	CERTIFICATE OF D	EATH	Reg. Dist. No.
)	1. PLACE OF DEATH  o. COUNTY  BALTO	MARYLAND 2 USUAL RESID		institution. Residence before admission) OUNTS ALTO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 C. CITY OR T	OWN (If outside corporate limits,	write RURAL and give nearest town)
>	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION  / V / HALL CONV.	HOME 160	DORESS GAIL R	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) / LLEN	Middle Lost C BRANG	4. DATE OF DEATH	Month Doy Year 1960
	FEMALE WHITE WIDOWED		- 06 lost birth	years IF UNDER 1 YEAR IF UNDER 24 HRS hday)  Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11, BIRTHPL	ACE (State or foreign country)  ARYLAN O	12. CITIZEN OF WHAT COUNTRY
\	13. FATHER'S NAME WILLIAM GRA	16 LE	MAIDEN NAME DITH LA	RKIN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO( (Yes, no. or unknown)   (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. INFORMANT PALMER	CRAIG (SAM	Address E AS ABOVE
	18 CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (a), (b), and (c).]	edema	INTERVAL BETWEEN ONSET AND DEATH 3 Clare
	Conditions, it only, which [b]	rdiac Decomp	oon Sa trun	1 gear
	gave rise to immediate couse (a), stating the under-lying cause lost.  DUE TO	10000 1215	litus	392057
)	PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING 200 DESCRIBE CONTRIBUTING 200 CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)			PERFORMED? YES NO
		IE HOW INJURY OCCURRED. [Enter noture of		18 }
	20c. TIME OF INJURY Month, Doy, Year 20d. INJUI Hour a. m. 19 While at work	Nat while foctory, street, office		(County) (State)
	21. I certify that I attended the deceased alive an March 25, 1960			960, that I last saw the deceased uses and an the date stated above
	ACTUAL SIGNATURE MORRIS Q- Ja	6 662 M.D. 16	ADDRESS (Street, city or	Point Re 3/28/6
	PHYSICIAN'S MORRIS Alla)	aeshs ho	Baltimore	
	BURIAL 3-31-60	MORELANDS	BALTO	no.
	John G. Connelly 418	Eastern Blut.	246. REC'D BY REGISTRAR 246 DATE MAR 3 1 '60	REGISTRAR'S SIGNATURE  Outhur S. Kraus.



3	
he attending physician and cordinated by the funeral director.  Then please remove capan pape 7. Payer 1 and 2 shaud be filled with and in any event, within 72 hours ofter death.	1.
A 2 shot	
e de	3.
Programmer of the state of the	5
y the attending physician and cor.  Then please remove cappan paper, and in any event, within 72 hours of	10
icros of the corps	13
remov	15 (Y
y the attending physician and co Then please remove cathon pa	
y the The	

ľ	o. COUNTY Ballinger MARYLAND	2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) a. STATE b. COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (awn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e IS RESIDENCE ON A FARM? YES \( \text{NO} \)
	3. NAME OF DECEASED (Type or print) JOHAI H. BR	40 TLEY 4. DATE Month Doy Year DEATH March 6 1960
	Male White WIDOWED DIVORCED	B. DATE OF BIRTH  9 AGE (In years last birthday)  Hours Min.  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   IF UND
	10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDU during most of working life, eyeh. [Fredired]	ml. U.S.A.
	James C. Brantily	Marika Jame Witchen
	S WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. II  (If yes, give wor or dates of service)  2/3-42-4/38	Mrs Mary an Brantey - I ye
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lan accident interval Between onset and Death
	Conditions, if ony, which) OUE TO Conditions, if ony, which)	desease - Eneral
	gave rise to immediate cause (a), stating the under-tying cause lost.  DUE TO Statillary & Party	hual restular disease 10 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
		LACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State actory, street, office bldg., etc.)
	Man a was a	MARCH 1., 1960, to MARC., 1960, that (I) (we) las death accurred at 1. M, from the causes and on the date stated above
	Thomas E. Wheeler	M.D. ATTENDING MED STAFF PHYS.   22b. DATE SIGNET
	NAME A HOMAS E. WHEELER	KANDALLSTOWN - MD 3/7/6
	230. BURIAL, CREMATION, 23b. DATE THEREOF, 23c NAME OF CEMETERY CONTROL (Specify) 3-9-60 Control of	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	THE STATE OF SIGNATURE ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MARY DATE





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9 VS A15 (4) 15M 10/57 1

02898

2853

**CERTIFICATE OF DEATH** 

	2000	CERTIFICAT	E OF DEATH	Reg.	Dist. No.
)	1. PLACE OF DEATH O. COUNTY DO I I MORE	MARYLAND 2.	USUAL RESIDENCE (Where of STATE)	deceased lived If institution Residue b. COUNTY	dence before admission)  CRICS
	SURAL and give rearest town)	MEGR ?	c. CITY OR TOWN (If outsile Chaple.	s COUNTY	d give nearest town)
d	d NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION A VONCALE ROA	/ 1/	Charles (	04 N. TM	ON A FAMA? YES TO NO E
	3. NAME OF DECEASED (Type or print) LOTTLE	Joves /		DATE Month OF DEATH MARCH	Day Year 9, 1960
	FIMALE CO   WIDOWED 1	DIVORCED A	DATE OF BIRTH	6 73 yrs 10	2
	100. USUAL OCCUPATION (Give kind of wark done 100. KIND of during most of working life, even if retired)	r/e	CharlesCo	unTy, md.	CITIZEN OF WHAT COUNTRY? $\mathcal{H}, \mathcal{S},$
	Alfred Jones	0		FOCTOR	
	(Ves. no. of/inhnown) (If yes, give wor or defei of service) 217-	14-7933 Ma	Ry Walker	877 N. Avo	Ndale Re
	18 CAUSE OF DEATH [Enter only one cause per line for (in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o), (b), and (c).]			ONSET AND DEATH
	Conditions, if any, which gove rise to Immediate (b)	1-iTis			31163
	couse (a), stating the under-		SIS (Marre		10yr
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)				ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
			OF INJURY (Hame, farm, 20		
	Hour c. m. 19 While N of wark of	lat while factory	r. street, affice bldg., etc.)	Of. (City or town)	(Caunty) (State)
	21. I certify that I attended the deceased fro	om, ond that death oc	curred ot 8 38 M	, from the couses and on	I last saw the deceased the dote stated above.
	SIGNATURE SULLIAM C. 816	ado mo	140 Cal	RESS (Street, city or town, stote)	3-2-60
		M.D.	Dunda	1/ 22 m	<i>e</i> .
	REMOVAL (Specify) 3-8-60 5	DORESS	Lapel 240 RECD BY	LOCATION (City, fown, or county	merestend
	Johnson & Karping	1814 Starle	LEW HE DATE MAR	Page 1	& Frank



Reg. Dist. No. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e 15 RESIDENCE ON A FARM? YES NO 19 (00) IF UNDER TYFAR IE UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? USA Mrs. Eva Brooks, 2800 Linwood Ave. INTERVAL BETWEEN Undet . PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES [ NO [ (County) (Stole) 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection []. Inquiry []. and in my Suicide . Homicide . Undetermined monner **DATE SIGNED** in the NAME (Type) 220. BUR AL, CREMATION. 22d LOCATION (City, lown, or county) Baltimore, Maryland. Moreland Me. Park. Cem. 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME Wm.Cook Blight Inc. 6009 Harford Rd. Balto.14 DATE MAR 28 60 5M 2/57



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

936 CERTIFICATE OF DEATI
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Reg. Dist. No. ()29()()

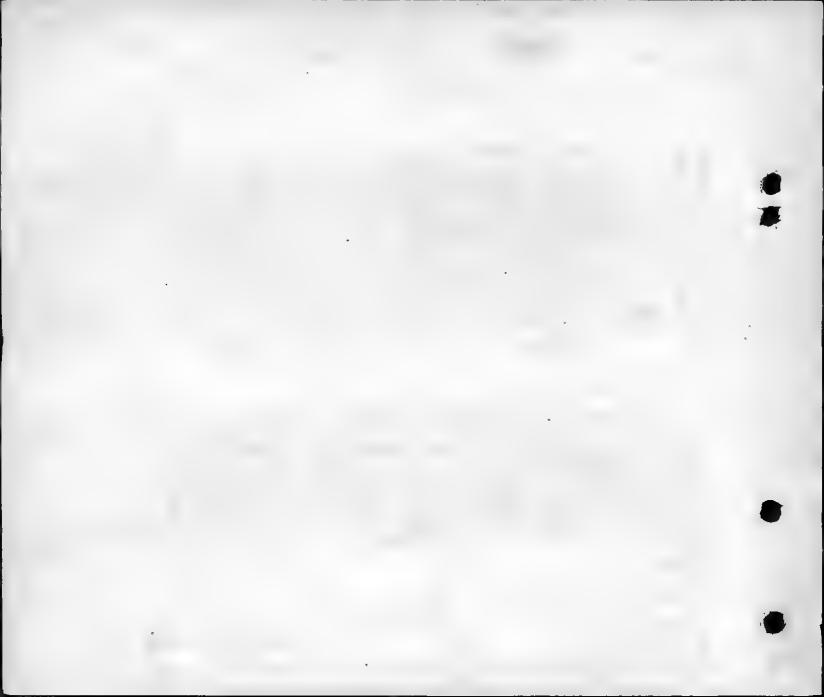
	29	36	CERTIF	ICAT	E OF DE	EATH	1		Reg. Dis	t. No.	2900
1. PLACE OF DEATH					. USUAL RESIDER	NCE (W)	iere decease	d lived. If institut		e before oc	Imission)
	Baltimore		MARYLA	AND		arvl	an d	B. COUNT		_	j.
b. CITY OR TOWN RURAL and give	(If outside carporate lim	its, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TO	WN (If o	utside corpo	rote limits, write f	URAL ond g	ive nearest	fown)
	nsville		2hyr6mths1	9dvs	Bal	timo	re		<u>"</u> 3	1 11	+
	PITAL (If nat in hospital,	give street	address)		d. STREET ADD					e. 1S	RESIDENCE N A FARM?
	ROVE STATE	HOSP	TTAT.		1622 E	ast	Chase	Street			S   NO
3 NAME OF	· · · · · · · · · · · · · · · · · · ·	rst	Middle		Lost		4. DATE	Mo	oth	Day	Year
(Type or print)	Mar	ie			Brown		OF DEATH	Mar	och 1	5	19 60
S. SEX	6. COLOR OR RACE		RIED X NEVER MARRIED	П В. В	DATE OF BIRTH		1	9. AGE Ilin veors	IF UNDER	YEAR IF J	NDER 24 HR
female	white	WIDOW			Jan. 3.	1907		last birthday)		Doys Ho	urs Min.
100 USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR				or foreign c		4	EN OF WH	AT COUNTRY
during most of w	arking life, even if retire	d)							77	C	
13. FATHER'S NAME	T.E.			T	14. MOTHER'S M	ry la			0	. S.	A.a
	Chane										
	Shopf VER IN U. S. ARMED FO	nceca luc	SOCIAL SECURITY NO.	INEC	DRMANT	ena	Zimmeı		ress		
[Yes, no. or unknown]	(If yes, give war or dates of	service)	_				370 01	, , , ,		n Con Time	ΑT
unknown		บ	inknown	Rec	cords:	SPRI	NG G	ROVE STA	TILL H	OSPIT.	AL
	EATH [Enter only one of	ause per li	ne far (a), (b), and (c) }							INTERVA	L BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	o Ce	rebral vascu	ılar	acciden	t					
33/	X DUE TO	,									
Conditions, if	any, which )										
gave rise to	immediate (	b)									
cause (a), statin	g the <u>under-</u>										
		c) NDITIONS (	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO T	HETERM	NAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19 W	AS AUTOPSY
ATIO										PE	RFORMED?
E 20n ACCIDENT	VAS UNDERLYING	20h DES	CRIBE HOW INJURY OC	"IIPPED /	Enter nature of i	nuity in	Port Lor Por	t If of item 18 )		2 62	I NO E
PART II O	IG CAUSE OF DEATH	100 000	CKIDE TIOTA INSORT OC	CONNEGO. (	Ellier Notore Gr	11077 117		1 11 01 11011 1017			
\$ 20c. TIME OF INJ	URY Manth, Day, Yi	ear 20d. I	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Ho	me, form	20f. (Cin	or town)	(C	aunty)	(State
ZOc. TIME OF INJU	10	While	Not while	foctor	y, street, office b	oldg., etc					
		ot wa		-1			i	(.	•		
21. I certify		e deceas	sed from <u>Feh</u>		and the same of th			15_, 19_6			
alive an	March 15	, 19	60 , and that d	leath o	ccurred at 0			the causes at			
	(1,	11	ff n					treet, city or town			DATE SIGNE
ACTUAL SIGNATURE	Hella	Wa	elislir	м.г	SPRIN	IG C	ROVE	STATE	HOSPIT	AL 3	-15-00
PHYSICIAN'S NAME (Type)	Stella Wac	hsler	, M. D.		Cato	nsvi	ille 2	8, Maryl	and		
220. BURIAL, CREMAT	3-18-6	OF O	Baltimo	ery or c	REMATORY em.			TION (City town,	or county)		(State)
23. FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRESS				D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	NATURE	
Sohre	5 11111.	1. 12	Lec -2431	Ε.	Oliver	DATE 1	MAR 21	'60	irling	p st	
	7 / 10012	1			ST	-			~~~~~	Linale	

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after leath. Part 4 hours after leath. Part 5 hours at 1 hours after leath. Part 5 hours after death. Pages 1 and 2 should be filted with the registrar priar to burial, "remation, ar remayat, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2938

1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived. If institution: b. COUNTY	Residence before odmission)
b CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town)  Fort Howard	62 Days	× Baltimore	1-1-1	
OR INSTITUTION		ey Drive	e IS RESIDENCE ON A FARM? YES NO (A)	
3 NAME OF First DECEASED (Type or print) EDWARD	Middle E •	BUSCHMANN	4. DATE Month OF March	29 1960
24 2 .			the state of the s	JNDER I YEAR IF UNDER 24 HRS. Aonihs Days Hours Min.
di rina most of warking tife avec if settends	-	USTRY 11. BIRTHPLACE (State or foreign country)  Chicago, Illinois  12 CITIZEN OF WHATCH U. S. A.		
13. FATHER'S NAME GUSTAV Gustavicharles Buschmann				
			Address Balto.18,Md.,Ft.	
		RONCHOPNEUMON	<b>X</b> A	INTERVAL BETWEEN ONSET AND CEATH HOURS
Conditions, if any, which ) (b)	INFARCT OF I	UNG		UNK
gave rise to immediate couse (o), stoling the under- lying couse last.				
Part II. OTHER SIGNIFICANT CONDITIONS C				
	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	Part I or Part II of item 18.}	
20c TIME OF INJURY Month, Day, Year 20d. It Hour a.m. 19 of world	Not while fo	ACE OF INJURY (Home, farm story, street, affice bldg , etc.	20f. (City or town)	(County) (Stote)
21 I certify that (I) (this haspital) attend	led the deceased fram			, 1960, that (V) (we) last
220 SIGNATURE	1			22b DATE 3/30/6
22c PHYS CIAN S CARIDAD E. GONZALEZ, M.D.		22d ADDRESS		
230 BJRIA, CREMATION, 236 DATE TYPEREOF HISTORY ALLOW			New Castle, I	county) Pennsylvania
24 FUNERAL DIRECTOR'S SIGNATURE  Leonard Ruck	5305 Harford	Road	100	AR'S SIGNATURE
	Baltimore  b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Fort Howard  d NAME OF HOSPITAL (If not in hospital), give street of OR INSTITUTION Veterans Administration  3 NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  White  WIDOWE  100. USJAL OCCUPATION (Give kind of work done lob. Engineer  13. FATHER'S NAME  Gustal Charles Buschmann  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16  (If you have or or doless of service)  IB. CAUSE OF DEATH [Enter only one cause per limit of the print of	Baltimore  Baltimore	Baltimore    Baltimore	Baltimore    Baltimore



Reg. Dist. No.

	4939	Reg. Dist. No.
)	1. PLACE OF DEATH BELTHUME MARYLAND 2. USU 0. S	AL RESIDENCE (Where obceased lived. If institution: Residence before admission)  TATE  HUMPhusch b. COUNTY  Aufmusch
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. C RURAL and give nearest town)  2 4245	ITY OR TOWN of cutside corporate limits write KURAL and give nearest lawn)
X	. I OD INICTITATION (M)	Green hay Rel e. IS RESIDENCE ON A FARM? YES NO DE
	3. NAME OF DECEASED (Type or print) Raymond Richard	Butler OF DEATH March 9 1960
	Place White WIDOWED DIVORCED 23:	OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  July 1899  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working/life, even it retired)  Stal worker  Muts T Balty	Spring Lyld This 12. CITIZEN OF WHAT COUNTRY
)	Richard Poutter	Anna Swonger
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA  I'es, no, or phisograph   If yes, give wor or dates of service) 080 05 1402 Coif	E Viola V. Butter Some
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]	compensations INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b) arteric pelustre	Cardio Vaccular designo 3 years
al-	couse (o), stating the <u>under-</u> lying cause lost.  Cal	
F 1	ICATI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	20d. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING DOWN CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF I factory, streen at work of work 20e. PLACE OF I factory, streen at work 20e. PLACE OF I factory 20e. PLACE O	NJURY (Home, form, et, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from Miles alive on Miles 1, 18 0, and that death occurrence of the second sec	ed at 5.15 P.M. from the causes and on the date stated above.
	ACTUAL Walder T. 1Ces M.D.C	ADDRESS (Sproet, city or town, stora) DATE SIGNED OF GREAT STORES
1	PHYSICIAN'S Walter T. KEES	Cockessoutle, hed
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA SALERS Baptist (	
	23. FUNERAL DIRECTOR'S SIGNATURE  Wm. Cook-Towson, Inc., 1050 York Road, Towso	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or altending physician.

TO FOR TERAL DIRECTOR: After a certificate has been signed by the attending physician and completely fitted in by the funeral director, provided be detached as as the burial-transit permit. Then please remave carboa page to a season the burial transit permit. Then please remave carboa page to a shall be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death. VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02904 2940 **CERTIFICATE OF DEATH** Rea. Dist. No with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) filed COUNTY 6 COUNTY Prince George Mary land MARYLAND Baltimore funeral CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town! Hvattsville, Maryland 7nth35dvs should Catonsville the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 8500 Lavern Drive STATE HOSPITAL SPR ING GROVE YES NO T NAME OF First Middle 4. DATE Month 19 60 William Campbell 21 (Type or print) James DEATH Ma rch 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B DATE OF BIRTH 9 AGE (In years last birthdoy) Months Dovs October 4, 1884 white DIVORCED [7] male WIDOWED D 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Maryland carpenter puo carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician William J. Mildred Hughes Campbell hours remove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address 2 unknown Records: SPRING GROVE STATE HOSPITAL attending unknown please Ξ 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

JAMMEDIATE CAUSE (6) Acute cardiac failure the DUE TO Pneumonia Canditions, if ony, which gned gave rise to immediate DUE TO couse (o), stating the underlying couse last. **Surial-transit** has been physici PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO A 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) Day, 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work 1960 March 21 1960, that I last saw the deceased 21. I certify that I attended the deceased from March 15 70 19 60 , and that death accurred at 2:50a M, from the causes and an the date stated above. alive on March 21 DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE retained should AL PHYSICIAN'S NAME (Type) Stella Wachsler. M. D. Catonsville 28. Maryland 22d LOCATION (City, town, or county) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

haurs after death. Page

requires that the death certificate



TOF VS A1S (4) 1SM 9/5B

02905

Don Diet No.

<u> </u>										ved. Dist.	110.	
1	PLACE OF DEATH					USUAL RESIDEN	ICE (Wh	ere decease	b. COUNT		before adm	issi <b>o</b> n)
L		Baltimore		MARYLA			aryl	and	a. coom	Balti	more	
	<li>b. CITY OR TOWN (I RURAL and give no</li>	If outside corporate limit earest town)	s, write	c LENGTH OF STAY IN		c CITY OR TOW	VN (If or	utside corpo	rote limits, write	RURAL and giv	e neorest to	wn)
L	Cator	sville		61 yrs.				Caton	sville_			
	d. NAME OF HOSPIT	TAL (If not in hospital, gi	ve street o	oddress)		d STREET ADD	RESS				e. IS R	ESIDENCE A FARM?
		2620 Frede	erick	Road		26	20 F	reder	ick Road	3		□ NO 🛛
3.	NAME OF DECEASED	Firs	1	Middle		Last		4. DATE OF	М	onth	Day	Year
	(Type or print)	Lotti	ie	Sarah		Cavey		DEATH	Ma	arch 16	5,	19 60
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	□ 8. D	ATE OF BIRTH			9. AGE (In year	Months D		
	Female	White	WIDOWE	D DIVORCED	□   Se	ept. 3,	1875	5	lost birthday	s.   months Di	ays Hour	s Min.
10	. USUAL OCCUPATION	ON (Give kind of work d king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE	(Stote o	or foreign c	ountry)	12.CITIZE	N OF WHAT	COUNTRY
$\vee$	Housev	√ife	C	wn Home		M	aryl	and		U.	. S. A	
13	FATHER'S NAME				1	4. MOTHER'S MA						
		John	Co	ugle		Sarah	Mc!	Bride				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO	INFO	RMANT			Caton	ville -	- 28,	Md.
17	No	fit has dive was on pages at se	(VICE)	None	Mrs	Doris	Lich	liter	2620 F	rederic	Road	
	1B. CAUSE OF DEA	ATH [Enter only one cou	ise per lin	ne for (o), (b), and (c).]		<del></del>			4	i	INTERVAL	BETWEEN
		TH WAS CAUSED BY:	(2)	1. lous - 17	use	lan 1	201	1 la	7		ONSET AN	LO ZEATH
	221	U DUE TO			- 01							
	Conditions, if o	ny, which )										
	gove rise to i	mmediate (										
	couse (a), stating lying couse lost.	the under-							2.			
Z	PART II OTI		WIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO TH	E TERMII	NAL DISEAS	E CONDITION C	SIVEN IN PART 1	(a) 19 WA	S AUTOPSY
CATION		Diabe	ten	mellely	2							ORMED?
	20a ACCIDENT WA	AS UNDERLYING	20b DESC	RIBE HOW INJURY OCC	URRED. (E	inter nature of in	jury in P	ort I or Por	t II of item 18.)			
CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER;										
3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. IN	NJURY OCCURRED 20	0e PLACE	OF INJURY (Hom	ie, form,	20f. (City	or town)	(Cou	inty)	(Stote)
MEDICA	Hour a.m.	19	While of work	Not while	Foctory	, street, office blo	dg., etc.	)				
-					27	1960.1	7	nan	16/	EAL . A.L .	.,	
	I Cha	out I attended the	,			- Mail - 11	-			that I last		
	alive an 170	1, 13	_, 19.6	and that d	leath ac	curred at			the causes of the treet, city or low			ed obove ATE SIGNED
	ACTUAL ,	1100000	Je.	e lest		11	rl.	ADDRESS (SI	A A	n, srolej	3-	170/00
	SIGNATURE	no mas or		1	, M.D	7.9	Cu	ucq.	I COK	- '	7	1-60
	PHYSICIAN'S NAME (Type)	nomes F.	Her	bert M.D	>	91	lle	wit	City!	red		
22	BURIAL, CREMATIC	N, 225. DATE THEREO	F	22c. NAME OF CEMETE	ERY OR CE	REMATORY		22d. LOCA	TION (City, town	, or county)	{51	late)
	REMOVA. (Specify) Burial	3/19/196	0	Loudon I	Park			E	altimor	e, Md.		
23	FUNERAL DIRECTOR	SSIGNATURE	.1	ADDRESS			a. REC'E	BY REGIST		GISTRAR'S SIGN		
	Gaste	w. you	Q)	Catonsvi	rrre,	MC . DA	ATE M	AR 23	60	Calley S.	THALLA	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

in by the funeral director, and 2 should be filed with

M

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TO HOSPITAL OR ATTENDING ENYSIGNATION requires that the death certificate be executed within 24 hours after death. Page 4

page 3 shauld be detoched for use of the burial-transit permit. Then please remove carbon pages, 1995, the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ar attending physician.

retained by the hospit

10 T VR A15 (4)

certificote has been signed by the attending physician and come sees the burial-transit permit. Then please remave carbon papers

		CL.		F DEATH				
1. PLACE OF DEATH o COUNTY	Baltimore	٨	2. USUA D. ST			d If institution: Resid b. COUNTY	lence before adm	ssion)
b. CITY OR TOWN	( f auts de carporate limits	, write   c. LENGTH OF	TAY IN 1b c CI			imits, write RURAL on	d give nearest to	wn)
Fort Howa		ho de	lvs l	Baltimore			21	and the
	PITAL (If not in hospital, giv			TREET ADDRESS			e. IS R	ESIDENCE A FARM?
	Administrati			DO N. C	harles 3	St. reet.		NO 5
3. NAME OF	First		iddle	Lost	4. DATE	Month	Day	Year
(Type or print)	FRANK		W. (	CICHY	OF DEATH	March	19	1960
5. SEX	6. COLOR OR RACE	7. MARRIED T NEVER M	ARRIED B. DATE C	OF BIRTH	9 A		ER I YEAR IF UN	
Male	White	WIDOWED   DIVO	ORCED Apri	1 15, 101:		31 Dirihdoy)   Months	s Days Hour	s Min.
100. USUAL OCCUPA	TION (Give kind of work do	one 10b. KIND OF BUSINE				12.0	ITIZEN OF WHAT	COUNTRY
Chauffer	orking life, even if retired)	Dry Clear	ing B	altimore,	Md.		U.S.A.	
13. FATHER'S NAME		DIT OF CEN	14. MC	THER'S MAIDEN NA	ME		U a LV a AL 4	
Frank C	lobr		Δ,	ntoinette	Antoeze	or old		
15. WAS DECEASED E	VER IN U. S. ARMED FORCE	ES? 16 SOCIAL SECURITY			A0100004	Address		
(fes, no. for unknown) Yes	(If yet, give war or dates of ser	213-09-472	6 Clin.Re	CordsVAH	Relto . 18	3.Md. Ft.H	villbrew	isior
	EATH Enter only one cau				P CLASO BILL	7.500.512.03.1	INTERVAL	BETWEEN
	EATH WAS CAUSED BY:		ASCULAR AC	CIDENT			ONSET AN	
33/	IMMEDIATE CAUSE (o).  DUE TO	OPERADICALI I	MOOTHER MO	CIDENI			3100	1.0
Canditions, if	b1-b >	ARTERTOSCI	FDACTC					
gave rise to	immediate (D)	ART PALLOSO	EROSES					
couse (a), statir								
	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE CO	ND)TION GIVEN IN P	ART 1(a) 19 WA	S AUTOPS
							PERI	ORMED?
PART II. C Diabete 20g. ACCIDENT V OR CONTRIBUTIN		Recent Cerei					TO I TO I	
OR CONTRIBUTII	NG CAUSE OF DEATH	OD. DESCRIBE HOW INDO	AT OCCORRED. (CITIES II			itam IR)	TESTR.	
THE FITHER NATI	EV MEDICAL EVALUATED			,0,0,0	or for rari ii o	r item 18.}	1-63118	
	FY MEDICAL EXAMINER)	20 1 10 11 10 10 10 10 10 10 10 10 10 10	IZA- NIACE OF IN					100
	FY MEDICAL EXAMINER) URY Month, Day, Year			SJURY (Home, form, at, affice bldg., etc.)	20f. (City or to		(County)	(State
₹ 20c. TIME OF INJ	FY MEDICAL EXAMINER) URY Month, Day, Year n.	20d. INJURY OCCURRED While Not while at work at work		JURY (Home, form,				{State
20c. TIME OF INJ Hour o. n p. n	FY MEDICAL EXAMINER) URY Month, Day, Year n.	While Not while at work	foctory, stree	NJURY (Home, form, at, affice bldg., etc.)	20f. (City or to	nwc)	(County)	
20c. TIME OF INJ Hour o. n p. n 21   certify t	FY MEDICAL EXAMINER) URY Month, Doy, Year n. 19	While at work at work attended the decea	foctory, stree	SJURY (Home, form, st., office bldg., etc.)	20f. (City or to	own)	(County)	(we) las
20c. TIME OF INJ Hour o. n p. n 21   certify t	FY MEDICAL EXAMINER) URY Month, Day, Year n. 19 hat (* (this haspita!)	While at work at work attended the decea	foctory, stree	NURY (Home, form, st., office bldg., etc.)	O to Mat	rch .19	(County)  .60 that (Dithe date state	(we) lasted above
20c. TIME OF INJ Hour o. n p. n 21   certify t saw the dece	FY MEDICAL EXAMINER) URY Month, Day, Year n. 19 hat (* (this haspita!)	While at work at work attended the decea	foctory, stree	AURY (Home, form, it, office bldg., etc.)  ary. 8 . 16  curred9:004	O. ta. Ma:	own)	(County)  .60 that (Dithe date state	(we) lasted above
20c. TIME OF INJ Hour o. n p. n 21   certify t saw the dece 220   S GNATURE	FY MEDICAL EXAMINER) URY Month, Day, Year n. 19 hat (* (this haspita!) eased alive an Marc	while at work at work to at lended the decea	sed fram <b>Februs</b> and that death ac	AURY (Home, form, it, office bldg., etc.)  ary. 8 . 16  curred9:004	O. ta. Max	rch 19 - 19 causes and an f	(County)  .60 that (Dithe date state	(we) lasted above
20c. TIME OF INJ Hour o. n p. n 21   certify t saw the dece 220   S GNATURE	FY MEDICAL EXAMINER) URY Month, Day, Year n. 19 hat (* (this haspita!) eased alive an Marc	While at work at work attended the decea	sed fram Februs and that death as M.D. ATT PHY 22d	AURY (Home, form, st, office bldg., etc.)  ATY 8 . 16  CCUTTED 100A  TENDING MEI  ADDRESS	O. ta. Ma:  M, fram the	causes and an f	(County)  2.60 that (1) the date state	(we) lasted above 226 DATE SIGNE
20c. TIME OF INJ Hour o. n p. n 21 I certify t saw the dece 22c S GNATJRE  22c PHYSICIAN: NAME (Type) 23c. BURIAL, CREMAI	FY MEDICAL EXAMINER)  URY Month, Doy, Year  19  hat (* (this haspital)  eased alive an Marc  Howard G. K	while at work	sed fram Februs and that death as M.D. ATT PHY 22d	AJURY (Home, form, it, office bldg., etc.)  ATY. 8 . 16  CCUTTED DE D	O. ta May M, fram the	rch 19 - 19 causes and an f	(County)  .60 that (Divi	(we) lasted above 226 DATE SIGNE
20c. TIME OF INJ Hour o. n p. n 21   certify t saw the dece 220 S GNATJRE  22c PHYSICIAN' NAME (Type	FY MEDICAL EXAMINER)  URY Month, Doy, Year  19  hat (* (this haspital)  eased alive an Marc  Howard G. K	while at work	sed fram Februs and that death ac many M.D. ATT PHY 22d V	AURY (Home, form, it, office bldg., etc.)  ary 8 . 16  curred 9:00A  FENDING MEI  ADDRESS  AH Balto	20f. (City or he de la company). To May My, from the Petron St. Ph. 23d LOCATION	causes and an faffer How (City, town, or caunty	(County)  .60 that (Divi	(we) lasted above SIGNE
20c. TIME OF INJ Hour o. n p. n 21 I certify t saw the dece 22c S GNATURE  22c PHYSICIAN: NAME (Type)  23c. BURIAL, CREMAI	FY MEDICAL EXAMINER) URY Month, Day, Year n. 19 hat Ox (this haspital) eased alive an Marc  Howard G. K  TION, 23b DATE THEREOF  3/23/196	while at work	foctory, stree	AURY (Home, form, it, office bldg., etc.)  ary. 8 . 16  curred 2:00A  TENDING MEI  ADDRESS  AH Balto  TORY  TORY	20f. (City or he de la company). To May My, from the Petron St. Ph. 23d LOCATION	causes and an f	(County)  60 that (Divinate of the date state)  ard Divi	(we) lasted above SIGNE
20c. TIME OF INJ Hour o. n p. n 21 I certify t saw the dece 22o S GNATURE  22c PHYSICIAN' NAME (Type  23o. BURIAL, CREMAT REMOVAL (Speci	FY MEDICAL EXAMINER) URY Month, Day, Year n. 19 hat Ox (this haspital) eased alive an Marc  Howard G. K  TION, 23b DATE THEREOF  3/23/196	while at work at while at work at lended the deceand 19 1960.  Trammer M. D.  23c. NAME OF Balti	sed fram Februs and that death ac many M.D. ATT PHY 22d V	AURY (Home, form, it, office bldg., etc.)  ary. 8 . 16  curred 2:00A  TENDING MEI  ADDRESS  AH Balto  TORY  TORY	20f. (City or to	causes and an interpretation of the course o	(County)  60 that (Divinate of the date state)  ard Divi	(we) lasted above SIGNE



CERTIFICATE OF DEATH

02997

										Reg.	Dist. No	).			
1. PLACE OF E					2.	USUAL RESID		ere decease	d lived If institu		lence befo	ore admis	sion)		
Baltimore			MARYLAND			Md.				b. COUNTY Baltimo:			6		
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)									
Glynd	on			yrs.			yndon								
d. NAME O	F HOSPITAL (If not in he TUTION	spital, give st	reet address)			d. STREET AI	DDRESS					e IS RES	SIDENCE A FARM?		
312	<u>Central Ave</u>	nue			,	312 C	entra	1 Ave	nue			YES [	] NO		
3. NAME OF DECEASED		First		Middle		Lost		4. DATE	Me	onth		-/	Year		
(Type or pri		ARY	RE	ESE		COCKEY		OF DEATH	2.1-2	rch	30		160		
5. SEX	6. COLOR OF	RACE 7	AARRIED 🔣 NI	EVER MARRIED		ATE OF BIRTH			9. AGE (in year last birthday)	Month:		R IF UND			
Femal			OWED 📋	DIVORCED [		rch 12			// yn	h.					
during mo	CCUPATION (Give kind of of working life, even if	f work done retired)	105. KIND OF	BUSINESS OR I	INDUSTRY			or foreign o	country)	12 (		OF WHAT	r coun		
	ewife			-		Maryl					U.S.	A.			
13. FATHER'S NAME															
	s Reese Arn		1			Claya	nna r	1sher							
(Yes, no, or unkno	ASED EVER IN U. S. ARM		16. SOCIAL SE	CURITY NO.	17. INFO					dress					
No			none		Joh	n 0. Co	ockey	, Gly	ndon, Md	•					
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											ERVAL BE			
l PA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchitis											1 m	0.		
	· / p » DUE TO														
	Conditions, if any, which (b)														
cotse (a)	corse (a), storing the under-										10	2244			
lying co	- '	(c)		· ·									yrs.		
	IT II. OTHER SIGNIFICAL				H BUT NO	T RELATED TO	THE TERMI	INAL DISEAS	SE CONDITION G	IVEN IN P	ART 1(o)	PERFC	ORMED?		
<u> </u>			Syndrom									YES	KON [		
O (IF EITHER	DENT WAS UNDERLYING CAUSE OF NOTIFY MEDICAL EXAM	DEATH AINER)	DESCRIBE HOV		URRED (I	inter noture of	injury in	Part I or Por	rt II of item 18)						
S 20c. TIME	DFINJURY Month, D	oy, Year 20	d. INJURY OC	CURRED 20	e. PLACE	OF INJURY (I	lome, form	, 20f. (Cit	y ar town)		(County)	]	(Sto		
W Noon	о. m. p. m. попе		hile Nat work of w	while ork □ non		, 211001, 011100	Diogra ele	no:	ne						
21. I ce	rtify that I attend	ed the dec	eased fram	1-22-	37	, 19	. ta	3-30-0	60 , 19	that	l last s	aw the	deced		
alive or	2 20				eath ac		_	M. frai	m the causes						
		/	/						ilreet, city or town				ATE SIG		
ACTUAL SIGNATUI	$Z_1, Z_2$	Coap	les	,	M.D	6 Ha	nove	r Rd.				3-31	-60		
PHYSICIAI NAME (Ty	N'S D. D.	Caple	s, M. D			Rei:	sters	town,	Md.	~~~~					
220 BURIAL, C	REMATION, 226. DATE	THEREOF	22c. NA	ME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, fown,	or county	1)	(Slai	le)		
REMOVAL BUT I	ai Apr.	1, 19	60 A11	Saints	1 Ce	metery		Rei	sterstow	n		Md.			
	RECTOR'S SIGNATURE		61 '	RESS		md			TRAR 245. REG						
WM.R	voulmant 1	LUNG	Klusto	MA LITTL	272	1110	A	no A '	180 / 2	7 -1 -	0 40	4			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO TERAL DIRECTOR: After its certificate has been signed by the attending physician and completely the in by the funeral director, per 3 shauld be detached is as the burial-transit permit. Then please remaye carbon por the ind 2 should be filed with the registrar prior to burial, crematal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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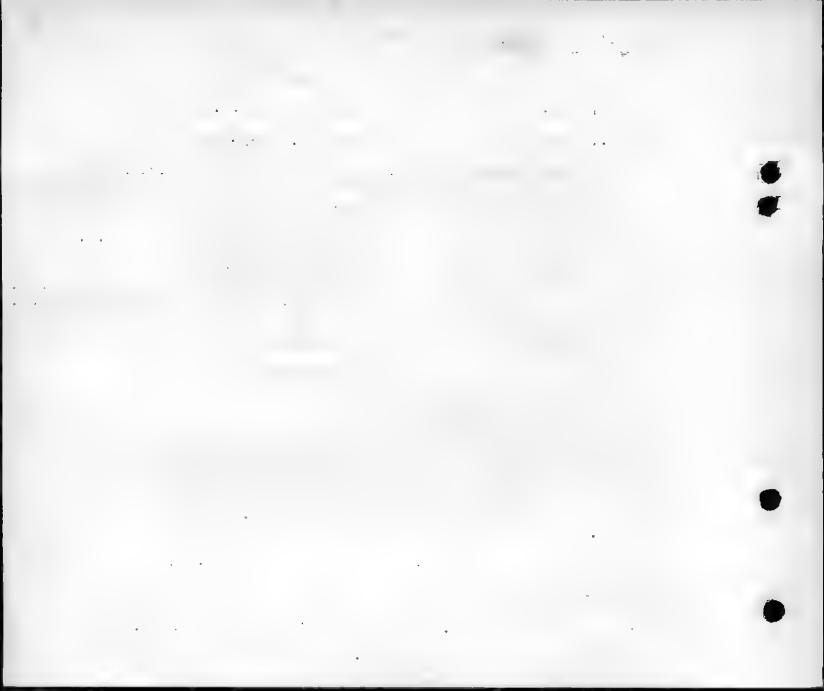
VS A15 [4] 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TH (12908)

	294	$\mathbf{T}_{\mathbf{L}}$		oriziii i		L OI DEAI			Reg. Di:	it. No.		
1. PLACE OF DEATH					2,	USUAL RESIDENCE (W	/here deceases			ce before adm	essian)	
Baltimore			MARYLAND		D	** Maryland ** Baltimor						
b. CITY OR TOWN (if o RURAL and give near	c. LENGTH OF STAY IN 16			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Monkton				life		Monkton	n, P.0	).				
d. NAME OF HOSPITAL OR INSTITUTION York Rd.			oddress)		/	ork Rd.,	Herei	- ord		ON	ESIDENCE A FARM? NO KT	
3 NAME OF	First	· u		Middle	11 -		4. DATE			-		
DECEASED (Type or print)	Rebecca	a La	ance	Cole	<b>;</b>	Last	OF DEATH		3-1-60	Day )	Year 19	
5. SEX 6	. COLOR OR RACE 7	- MARR	HED   NEV	ER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In yea		TYEAR IF UNI		
female	white v	VIDOWE	ED 🛣	DIVORCED _	1 8	-8-1879		last birthday 80 y	) Months	Doys Hours	Min.	
10a. USUAL OCCUPATION during most of working	(Give kind of work do	ne 10b.	KIND OF BU	JSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	e or foreign c	ountry)	12. CITI	ZEN OF WHAT	COUNTRY	
housewi			hom	e		Maryla	and			U.S.A	•	
13. FATHER'S NAME					1.	I. MOTHER'S MAIDEN	NAME					
Howard					Ella Royston							
15 WAS DECEASED EVER IN	N U S ARMED FORCE	S7 16.	SOCIAL SEC	URITY NO.		RMANT				owson		
no		ľ	none		Law	rence V.	Cole	, 1627	Glen	Keith	Blv	
18. CAUSE OF DEATH	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH											
PART 1, DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Arterio sclerotic cardio vascular disease											
422.	4-22, / DUE TO											
	Conditions, if ony, which) (b) Gangerne of right lower extremity											
	gove rise to immediate Couse (a), storing the under.											
lying couse lost.												
PART II OTHER	SIGNIFICANT CONDI	TIONS	ONTRIBUTION	NG TO DEATH	BUT NO	RELATED TO THE TERM	AINAL DISEAS	E CONDITION O	VEN IN PAR	1(a) 19. WAS	AUTOPSY ORMED?	
CAT											NO T	
PART II OTHER  200 ACCIDENT WAS U OR CONTRIBUTING D (IF EITHER, NOTIFY ME	CAUSE OF DEATH	Ob. DESC	CRIBE HOW	INJURY OCCU	RRED. (E	nter noture of injury in	Port I or Par	H of item 1B)		,		
3 20c. TIME OF INJURY	Month, Day, Year	20d. IN	NJURY OCC	JRRED 20e.	PLACE	OF INJURY (Home, for	m, 20f (City	or town)	10	Countyl	(Stote	
Y 20c. TIME OF INJURY Hour o. m.	19	While	Not w		factary	street, affice bldg., et	(c.)			,		
-	1 44 1 141 1	1				, 19 50, ta]	More 1	20.	60			
21. I certify that												
alive an BEID	alive an Feb 29 , 19 60, and that death accurred at 5 am, from the causes and on the date stated above.  ADDRESS (Street, city ar town, state)  DATE SIGNED											
ACTUAL	( h =	2	P	<u>_</u>	,			on Md.		3/	2/60	
SIGNATURE*	14		un		M.D.		T CIT IOC	OII , I'IU.		3/ -	2/00	
PHYSICIAN'S A. I	M. France											
220. BURIAL, CREMATION,	22b. DATE THEREOF		22c. NAM	E OF CEMETER	Y OR CR	EMATORY	22d, LOCA	TON (City, town	n, or county)	(St	ole)	
REMOVAL (Specify) Burial	3-4-60		Mt.	Carme	el N	ethodist	Pa	rkton,	Md.			
23. FUNERAL DIRECTOR'S S			ADDR	ESS		24a. REC	R 7 6	RAR 24b. RE	GISTRAR'S SIG			
Brooks Fur	eral Ser	Vic	e, To	wson4	,Md	• DATE	du 1 un		rthun S.	Thank		



			2944	CERTIF	ICA	ATE OF DEATH			Reg. Dist	. No.			
		PLACE OF DEATH COUNTY Baltime	ore	MARYLA	UND	2. USUAL RESIDENCE (Who o. STATE		d lived. If institute b. COUNTY	on Residence		ission)		
		b CITY OR TOWN (if outside RURAL and give nearest tow Catons Ville	vn)	c. LENGTH OF STAY IN 3yr8mth21d3		c CITY OR TOWN (IF or Potoms		ve nearest to	wn)				
+		d. NAME OF HOSPITAL (IF no OR INSTITUTION GROVE	oddress) PITAL		d. STREET ADDRESS 83 Circle				ESIDENCE A FARM?				
		NAME OF DECEASED (Type or print)	First Thomas	Middle Vivi	an	Cooksey	4. DATE OF DEATH	March		Day	Year 19 60		
	5. 9	male whi	or or race 7. marri			Feb. 1, 188	6	9 AGE (In years last birthdoy) 74 yrs.		Days Haur	_		
	10o	. USUAL OCCUPATION (Give during most of work ng life,	even if retired)	KIND OF BUSINESS OR		Marylan	_	country)		S. A			
1	13.	FATHER'S NAME Wil	liam Cookse	У		14. MOTHER'S MAIDEN N Mary Mat							
	15. (Ye:	WAS DECEASED EVER IN U. S s, no or unknown) (If yes, give	war or dates of service)	SOCIAL SECURITY NO.	ŀ	ords: SPRIN	G GR	OVE STAT		SPITAL			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), end (c).]  PART I. DEATH WAS CAUSED BY (o) Cerebral Vascular accident												
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	te (	eriosclerot	ic_	cardiovascu La	r dis	ease					
0	CERTIFICATION	/ (0)											
	MEDICAL	20c TIME OF INJURY Month Hour o.m. p.m.	While	Not while	foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.		y or town)	(Co	ounly}	(Stok		
		21. I certify that I at alive on March				occurred all:00a	M, from	the causes an	d an the	date state			
1		SIGNATURE	ia hiadis	ês_		M.D. SPRING	GRO /		,	ITAL 3			
	220	BURIAL, CREMATION, 22b.	la Wachsler	M. D.	ERY OF			28, Mary		(Sr	rote)		
	4	FUNERAL DIRECTOR'S SIGNA	-1-60	SE May	- y -	240. REC'D	Br	Vantou	STRAR'S SIG	Mr.			
. 1	1	twill Then	all Home	HUNRAN	17	1 //	APR 4	100	7.71				

in by the funeral director, and 2 shauld be filed with 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 no retained by the haspize or attending physician.

Of AL DIRECTOR: After certificate has been signed by the attending physician and carry page 3 shauld be detached for all the burial-transit permit. Then please remave carban page the registrar prior to burial, crematian, ar remaval, and in any event within 72 harry after death. 0 P

VS A15 (4) 15M 9/5B

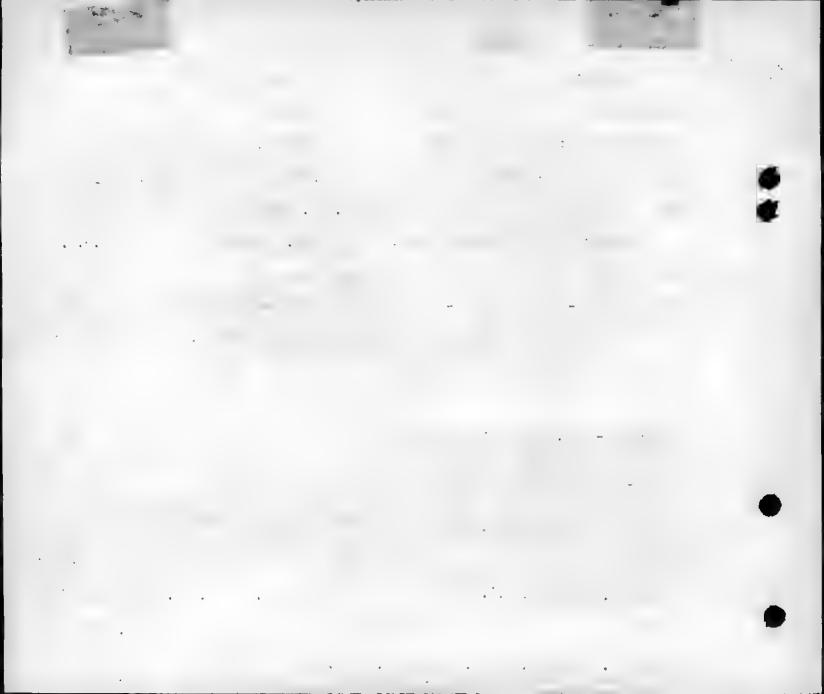


death.

that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



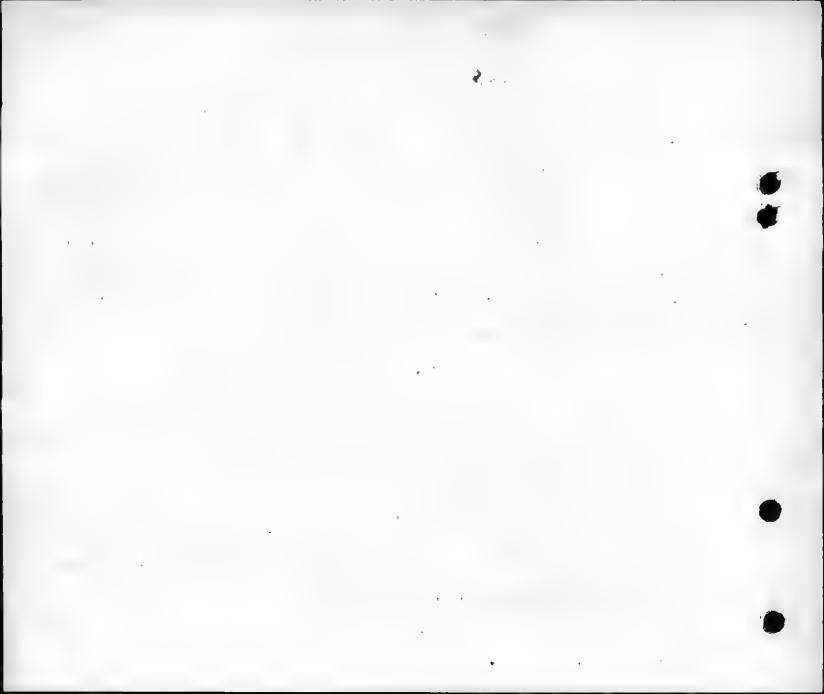


VS A1S (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2947 CERTIFICATE OF DEATH

Reg. Dist. No. 2912

	1 PLACE OF DEATH o. COUNTY	Baltimo re		MARYLAND	naly land bal of more						
-	6. CITY OR TOWN (I RURAL and give ne Caton 5		s, write	Lyr3mth27dys	11 4 .	rown (If a ngs Mi		orate limits, write F	tURAL and g	give near	rest town}
s Jun	NAME OF HOSPIT	AL (If nat in hospital, g ROVE STATE			, d. STREET	ADDRESS		wn Road		6	ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	First Will		Middle James		dner	4. DATE OF DEATH	Mar Mar		8	Year 19 <b>6</b> 0
	S. SEX			IED NEVER MARRIED	B. DATE OF BIR	гн		9. AGE (In years lost birthday)		1 YEAR	IF UNDER 24 HRS
	male	white	WIDOWE	D DIVORCED K	July	17, 18	390	69 yrs	Manths	Days	Haurs Min.
	10a. USUAL OCCUPATION during mast of work	IN (Give kind of work on glife, even if retired)	ane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHE	LACE (State	ar fareign (	country)			WHATCOUNTRY
manager of garage Mary land U. S.  13. FATHER'S NAME									Α.		
}											
	Simon Co		CES? 16. 5	SOCIAL SECURITY, NO.	INFORMANT	e Gard	mer	Add	Iress		
		If yes, give war or dates of se	rvice)	social security no las a card	Records:	SPRIM	NG GI	ROÆ STA	TE H	O Pl	TAL
		TH [Enter only one co					-			INTE	RVAL BETWEEN ET AND DEATH
	44.0.0	IMMEDIATE CAUSE (a)	1	erminal pneum	nonla						
	4-00 d Conditions, if a	and analysis V	ΔT	terioscleroti	n mandio	າກລ ຣຸດານ ໄ	lor di	15.0050			
	gave rise ta i	nmediate (		ACT TORCTE! OF	to speed thirt	vascu1	Lai u.	D Case			
	cause (a), stating lying couse last.	the <u>under-</u>									
٦	PART II OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BE	JT NOT RELATED T	O THE TERMI	NAL DISEA!	SE CONDITION GI	VEN IN PAR	T 1(a) 19	PERFORMED?
7		S HINDERIVING (T	206 DESC	TRIBE HOW INJURY OCCUR	DED /Enter onture	at injusy in f	Part Lar Pa	rt II of item IR1			YES NO 2
	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	200. 0030	NOT HOW INJURY OCCUR	CED. (Ellier ligibile	ar injery iir i	01110110	ii ii di nom ivi			
	ZOC TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Yea	While		PLACE OF INJURY factory, street, office			y or town)	(0	Caunty)	(State
		at I attended the	decease	ed from Nov.	19.58	, ta 1	March	8 1960	that I la	ist saw	the decease
	alive an	arch 8	_, 19_5	Q, and that dea	th accurred a		De .			e date	
	ACTUAL SIGNATURE	C'hella	Va	chslis	M.D. SPI		GROVE	street, city or town, STATE	, state) HC3P1	TAL	3-8-60
1	PHYSICIAN'S NAME (Type)	Stella Wach	sler.	M. D.	Ca	tonsv:	ille :	28, Mary1	and_		
	220 BURIAL, CREMATIO	3-11-6	0	COVANS PRES	OR CREMATORY	CEME	22d. LOCA	TION (City, 1907)	ar county)		(State)
	23 FUNERAL DIRECTOR	S SIGNATURE		, ADDRESS	FIFAIDE	240, REC'I	D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	GNATUR	(E
	Frank to	Hewall.	Pul	lessalle m	nd e	DATE MA	R 15'	60 0.	other S.	Hime	A



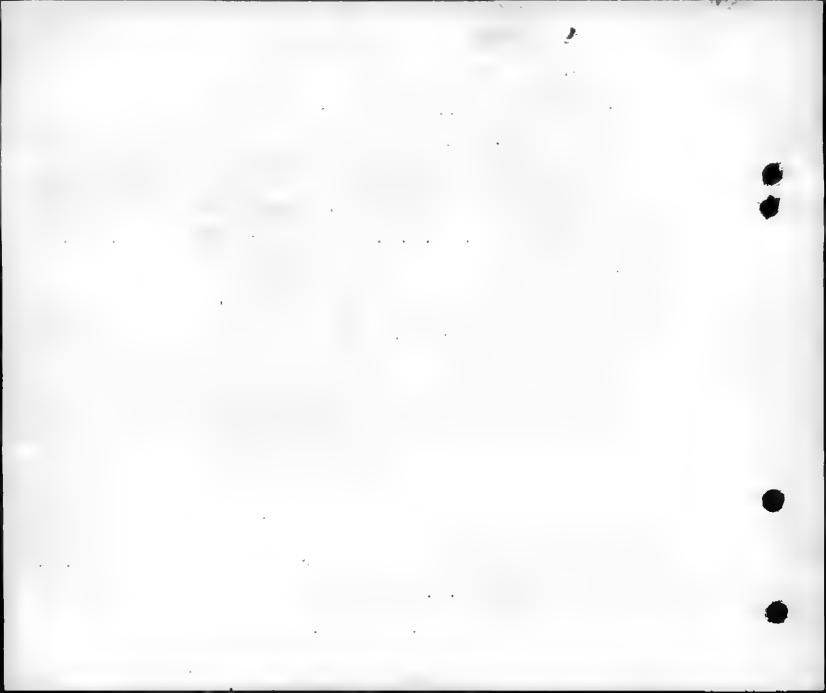
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OH	may	0 5	bod	the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after-death.
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2948 CERTIFICATE OF DEATH

02913 Reg. Dist. No.

h										****	
	PLACE OF DEATH a. COUNTY	Baltimore	2	MARYLAND	- 11	USUAL RESIDENCE (WHO STATE Mary		d fived. If instituti b. COUNTY		before admis	sion)
Г	b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF o	iutside corpo	prote limits, write I	RURAL ond give	nearest tow	m)
	RURAL ond give ne Caton S			9mth13dys	Baltimore						
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDRESS e. IS RESID					
1 :	SPRI G GRO	OVE STATE	HO:5	SPJTAL		735 Edgew	ood S	treet			A FARM?
3.	NAME OF	Fir	st	Middle		Lost	4. DATE	Mai	nth	Day	Year
L	DECEASED (Type or print)	Bess		Ellen	-	Cordray	OF DEATH	Mar	ch 2	8	19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED 🔲 NEVER MARRIED 🔯	'	ATE OF BIRTH		9. AGE (In years last birthday)	Months De	EAR IF UND	ER 24 HRS
	female	white	WIDOW	ED DIVORCED		Jan. 15, 18	95	.65 ym	I STORY DE	Dys Hours	Mill.
100	USUAL OCCUPATION during most of work Clerica.	ing life, even if retired	done 10b	B. & O. R. R		11 BIRTHPLACE (Stote Maryl	1:	country)	1	S. A.	
13.	FATHER'S NAME				1.	4. MOTHER'S MAIDEN N		9 " 6			
	Phe:	lix <sup>C</sup> ordray			1	Martha Fi	nch	-24	,		
15	WAS DECEASED EVER	RINUS ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	fress		
	nknown	in year, give wor or action on a	ucaj	Unknown	Rec	ords: SPRI	JG G	ROVE STA	APE PO	3PITAL	,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							ETWEEN				
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Bronchopnaumonia							DEATH				
	491X	DUE TO									
	Conditions, if a		1								
П	gave rise to it cause (a), stating I	nmediole ( DIE TO	,								
1	lying cause lost,	) (c	)		_						
8	PART IS OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERM	NAL DISEAS	E CONDITION GE	VEN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
13			Gen	neral debility	r						NO 🔼
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 1B) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
13	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. I			OF INJURY (Home, farm		y or town)	(Cou	inty)	(Stote)
MEDICAL	Hour o.m.	19	While	Not while	factory	, street, office bldg , etc	-)				
~					ו בל	, 19 <u>59</u> , ta	Manah	28 10 60	)		
1		at I attended the arch 28	196								
	alive on	0	190	ond that dea	th ac	curred at 9:00a		the causes ar itreet, city or town			d abave. TE SIGNED
	ACTUAL	13.180	1.10	retirte L	M.D.			•			
	SIGNATURE	DACCE	VVV	co Cara L	M.D.	Drum G	GRO [1	STATE	HOSPI'	تر الله	28-60
	PHYSICIAN'S NAME (Type)	Stella Wad	hsle	r, M. D.		Catonsvi	lle 2	8. Maryla	and		
220	BUR AL, CREMATIO	N, 226 DATE THEREC	)F	22c. NAME OF CEMETERY	OR CF	EMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	ite)
	Burial Specify)	Mar. 31,	196	O Loudon Par	ek (	Cemetery	Balt	imore, M	d.		
	FUNERAL DIRECTOR		4070	ADDRESS			D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	ATURE	
10	TILICH LUN	erar home	#XTO	Belair Road.		DATE	APR 4	'60	Orthun S.	/ Cherron	



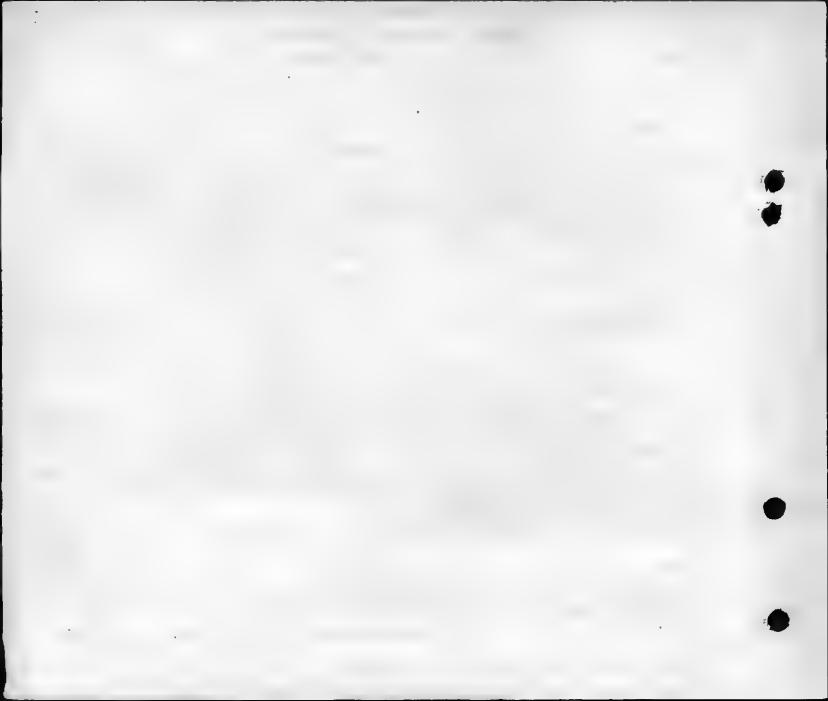
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE [Where deceased lived. If institution, Residence before admission] **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Dundalk Vrs. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO X 4. DATE Middle Month marchi DEATH (0019 B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days DIVORCED | WIDOWED [7] 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? amunea mills 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17. INFORMANT Address

b. CITY OR TOWN IIf outside corporate fimits, write RURAL and give hearest-laws) d. NAME OF HOSPITAL (If not in hospital, give street oddress) or Willer Bullneck Road 3. NAME OF DECEASED [Type or print] 5. SEX 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if tetired) Or to 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? rho INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: nllvurua LILLO IMMEDIATE CAUSE (0) da. DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [ NO 57] 206. ACCOPENT WAS UNDERLYING IN OR CONTRIBUTING INCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY Hitems, form, 20f. (City or town) foctory, steet, effice blog, etc.) 20c. TIME OF INJURY , Month, Day, Year 20d. INSNRY OCCURRED (Stote) (County)~ Hour While 0 at work a onwork X 21. 1 certify that I attended the deceased from Asses (9\_1)\_\_\_,that I last saw the deceased rom the causes and on the date stated above. .\_\_, and that death occurred at DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial phzibah Cemetery Henhzibah Pennsylvania ADDRESS 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR DATE MAR 1 6 '60 arthur & Three Dundalk

filed with ploods executed puo s physician hours recoveres that burial-tronsit been 0

PLACE OF DEATH

o. COUNTY



e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

160

# MARYLAND STATE DEPARTMENT OF HEALTH DE DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

E	X			Ttem-	24 6 12	CERTIFICA	TE OF DEATH	i wk			
filed with		1	PLACE OF DEATH o. COUNTY	Baltimon	re	MARYLAND	2 USUAL RESIDENCE (W	here deceased	b. COUNTY	n. Residence bei	fore admission)
be			b. CITY OR TOWN (III	_ /	write c. LENG	TH OF STAY IN 16	c CITY OR TOWN (IF		ote limits, write RU	IRAL and give n	earest town)
by the fund 2 should	X	ľ		AL (If hot in hospital, give	e street oddress)		d. STREET ADDRESS Engelber	th Ave	Box 230		e. IS RESIDEN
d in es 1 and		3	NAME OF DECEASED (Type or print)	fist	apmar	Middle	Lost	4. DATE OF DEATH	March	5 /60 1	Day Yeor
iffer dec		S	female	6. COLOR OR RACE 7		EVER MARRIED [	B DATE OF BIRTH June 1870		9 AGE (in years lost birthdoy) 9 yrs.	Months Days	
d cam pape		1	USUAL OCCUPATIO during most of work	N (Give kind of work do ing life, even if retired)	at hom		Germany	e or foreign co	unity)	U.S.	A .
physician and move carbon nt, within 79 by	1	1	I. FATHER'S NAME	John Ott			Kunigunda				
Phy end	•			R IN U. S. ARMED FORCE If yes, give war ar states of serv		ECURITY NO. 17. II	rs Marie Enge		Engelbe	rth Ave	21 Md
e attending en pleose r d in any eve				TH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per line for (o).	(b), and (c).]	nto He	at	Disen	IN OF	TERVAL BETWIN
ned by th sermit. Th movol, an			Conditions, if or gove rise to in couse (a), stoting	nmediote DUE TO	Den	enfer	ed ar	teros	clios	is	4 yrs
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ding phy ate has be burial-t			TAME WAS CIDED AND	CAUSE OF DEATH	0b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of injury in	Port For Port	II of item 18.)	<u>.                                      </u>	YES N
certific e as the o burial,		6 14 / 447	20c. TIME OF INJUR	MEDICAL EXAMINER)  f Month, Doy, Year	While Not	COURRED 20e. Pl	ACE OF INJURY (Home, for ctory, street, office bldg., e	m, 20f. (City	or town)	(Count	у)
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RAL DIR should i	1		22c. PHYSICIAN'S NAME (Type)	POBERTJ	LYDE	CH, MI	· 815 Ca	مروك	Ura B	It 21	, md.
poye 3		2	3a. BURIAL, CREMATIO POMOVAL (Specify)	3/8/6	3/7	allim	or Crematory	23d. LOCA?	TON (City, town, o	more.	(Stote)
ATS (A)	4	2	FUNERAL DIRECTOR	SIGNATURE	1 L. ADI	DRESS A	250. REC	C'D BY REGIST	RAR 25b. REGIS	TRAR'S SIGNAT	

berth Engelberth Ave 21 Md INTERVAL BETWEEN ONSET AND DEATH AL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO rt I or Port II of item 18.) 20f. (City or town) (County) (Stote) 1960, that (1) (was last A, from the couses and on the date stated above. 22b, DATE S GNED STAFF PHYS 3d. LOCATION (City, town, oc.county) (Stote)

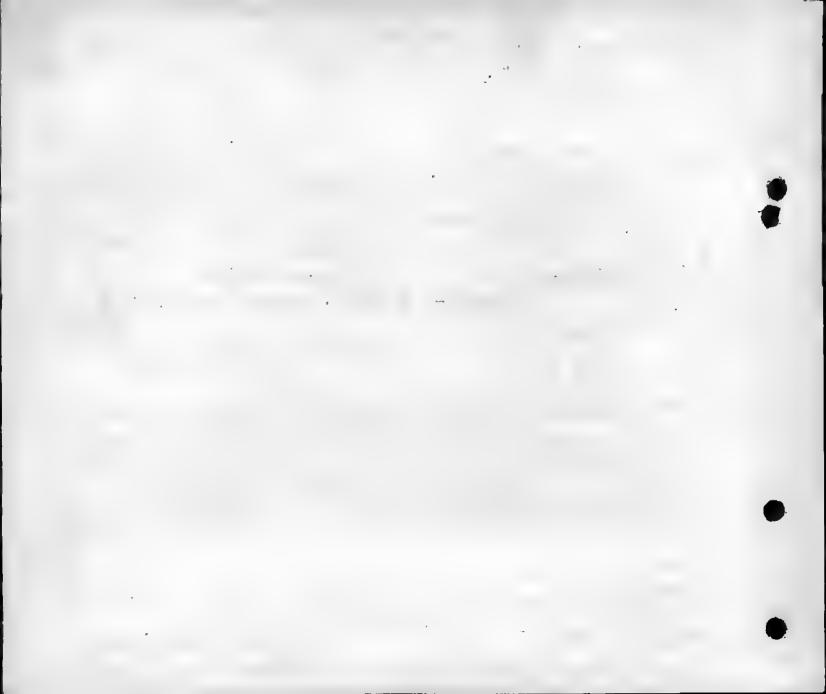
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director filed death. funero 8 should wilhin executed carbon certificate be поче hours any been signed and burial-transit remayol, USe RECTOR: Af-be detoched P E S

15M 9/55

PLACE OF DEATH a. COUNTY Parkville MARYLAND Wirere. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Parkville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dubois Ave YES NO TO NAME OF First Middle 4. DATE Month Year Day DECEASED (Type or print) Frank DEATH 960 Cremona March 19 S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Male White WIDOWED | DIVORCED | yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Electrical Contra Palermo Italy Contractor Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carmela Pernice Michele Cremona IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mary G. Cremona 3004 Dubois 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which **(b)** gave rise to immediate DUE TO cosse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at wark 14 12 15 19 6 C that I last saw the deceased 21. I certify that I attended the deceased from... L to\_ and that death occurred at 6 2.M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Slate) REMOVAL (Specify) New Cathedral Cemetery Baltimore Md. Buria iarch 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR MAR 1 7 '60 24b. REGISTRAR'S SIGNATURE arihur & Krous



Reg. Dist. No.

	_		
j		o. COUNTY / ALTINOPO MARYLAND 2. U	SUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission)
	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	CHTY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
,8%			1. STREET ADDRESS WELLOWN ST . IS RESIDENCE ON A FARM? YES
		NAME OF DECEASED (Type or print) ADFLINE POR	SB PATE DEATH Day Year OF DEATH MARCH 187 19 6
)	4	Demerce White WIDOWED DIVORCED DIF	15 OF BIRTH 4 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lasterthday) Months Days Hours Min.
	1	during most of working life, even if retired)	Clearing County, more lord 4 SI
	6	JAMES / URNER A	Atherine SARAH BELL
	15. {Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16s. no. or unknown)  (If yes, give wor or dates of service)	Tibroby (SON) 3570 Address Galtina & 6
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)	scula acculet 2/23/
		Conditions, if ony, which gove rise to immediate cotse (a), stating the under-	clevris Luisan
	NO	lying couse lost. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	CERTIFICATION		YES ☐ NO 🗓
			er nature of injury in Part I ar Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE O foctory, p. m. 19 at work at work	F INJURY (Home, farm, 20f. (City or town) (County) (State), office bidg., etc.)
		21. I certify that I attended the deceased fram.	, 1927, ta 3 / 1969 that I last saw the deceasurred at 115 P.M. from the causes and an the date stated above
1		ACTUAL SIGNATURE Compt Coling & M.D.	ADDRESS (Street, city or town, state)
1		PHYSICIAN'S CLIFF RATLIER &	Bulli- 19, 14.
1	2	REMOVAL (Specify)  MREMOVAL (Specify)  MREMOVAL (Specify)  MREMOVAL (Specify)	MATORY, 22d. LOCATION (City, town, or country) (Stole) H, A
11	23	Bound Eine You 4005 Fluir Cost Section	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Confidence of the Arman Stranger of t

ed in by the funeral director,"
I and 2 should be filed with

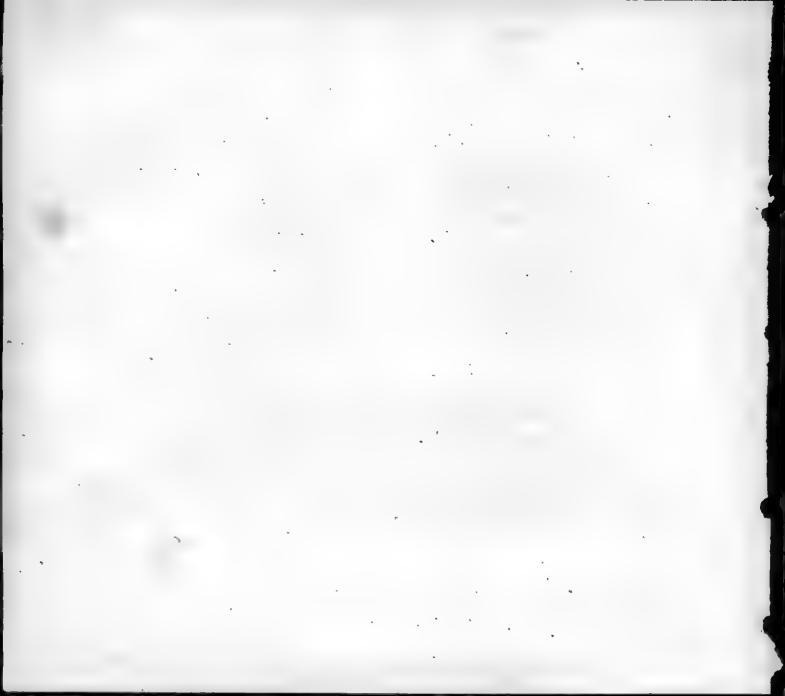
TE HESPITAL OF ATTEINING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Tage 4 may be retained by the haspital or otherding physicion.

O WERAL DIRECTOR: After with certificate has been signed by the atlending physician and cample a should be detached to so the buriol-transit permit. Then please remove corbon paper the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours after death. 2

VS A15 (4) 1SM 9/55

, nours after death. Page 4 ed in by the funeral director

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02918 2953 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CIPPOR TOWN of autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (U noten hospital, give street oddres STREET ADDRESS OR INSTITUTION ON A FARM? YES NO Mindle NAME OF DECEASED DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days WIDOWED TO DIVORCED [ 10a. USJAN OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14 MOTHER'S MAIDEN 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OMUNI **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TELETED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) factory, street, affice bldg , etc } Haur a m While Nat while of work at wark O to March / 5 19 Chat I lost saw the deceased 21. I certify that I attended the deceased from 60, and that death accurred at \$1.30 M, from the causes and of the date stated above. ADDRESS Street, city or town Ato ACTUAL SIGNATURE PHYSICIAN'S COILMORE DATE THEREOF NAME OF REMETERY OR CREMATERY 22d LOCATION (City, Iday, or county) BURIAL, CREMATION. FUNDRAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Orthur S. Kraus DATMAR 2 2 160



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

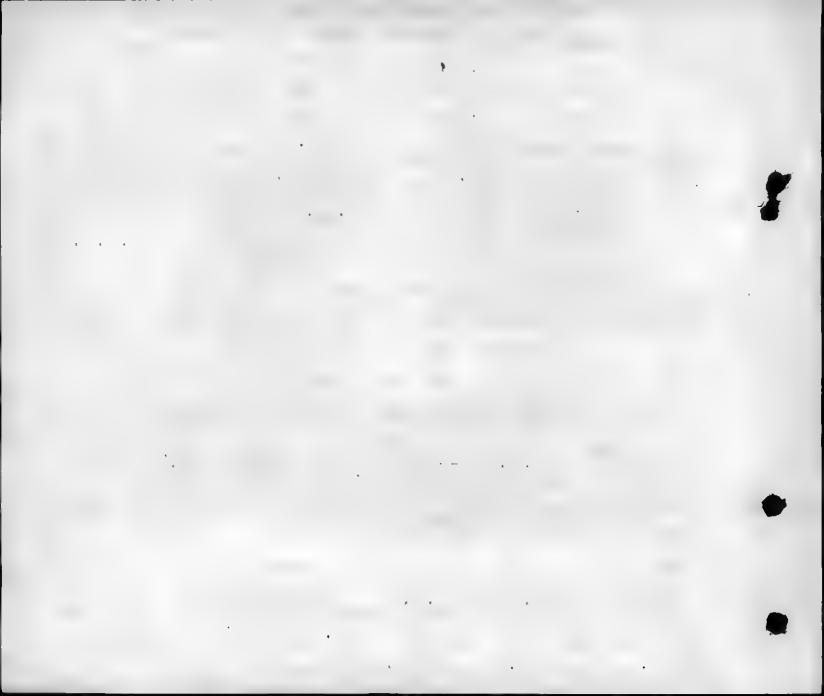
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6009		Keg. Dist. 140.				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)				
Baltimore	MARYLAND	o. STATE Maryland b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Catonsville	. L2yrlmth2lid	s Baltimore 14				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	eital, give street address)	d. STREET ADDRESS  o. IS RESIDENT ON A FARM				
SPRING GROVE STATE HOSP	ITAL	3 N. Potomac Street YES NO				
3. NAME OF First DECEASED (Type or print)  James	Middle W.	DeBald Sr. DATE Month 12. Doy Your DeBald Sr. DEATH March 12. 1960				
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED   B.	DATE OF BIRTH P. AGE (in years IF UNDER 1YEAR IF UNDER 24 H				
male white WIDOWED	DIVORCED [	Feb. 16, 1897 63 yrs. Months Days Hours Min				
10a. USUAL OCCUPATION (Give kind of wark done 10b. Kind uring most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNT				
mechanic		Pennsylania U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Andrew Pitt DeBalk		Mathilda Teofila ??				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown)   (Il yes, give wor or dates of service)	OCIAL SECURITY NO. 17. IN	FORMANT Address				
	Minown ues Rec	ords: SPRING GROVE STATE HOSPITAL				
18. CAUSE OF DEATH [Enter only one couse per line for	or (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	-6	acdens facture				
DUE TO	()					
Conditions, if ony, which) (b)	- Grul	w Vascular disease				
gove rise to immediate couse (a), stating the underlying DUE TO	7 .2	V 11. Q2				
couse lost. (c)	Nachu	a left my Mac				
PART II. OTHER SIGNIFICANT CONDITIONS CON  200. EXTERNAL CAUSE WAS PRIMARY BY CONTRIBUTING D CAUSE OF DEATH.	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n.3-8-60, with	ler noture of injury in Port I or Port II of ilem 18.) Pt. Was found at I a dislocated right femur. Just how this				
	JURY OCCURRED 200 PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (State y, street, office bldg., etc.)				
Hour o.m. ? 19 While of wor		spital Catonsville 28, Maryland				
21. I certify that I took charge of the re	emains described abov	e, held an Autopsy 🔲, Inspection 💽, Inquiry 🛕 and find t				
death resulted from: Natural causes	], Accident 🔼 Suic	ide [], Homicide [], Undetermined cause [].				
ACTUAL SIGNATURE SIGNED M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED						
	/ /	ASSISTANT MEDICAL EXAMINER				
EXAMINER'S George M. Kief	fer, M. D.	DEPUTY MEDICAL EXAMINER DE MELLER BOOK				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY 22d. LOCATION (City, lown, or county) (State)				
REMOVAL (Specify) Kurch 16, 1960	Holy Rosary	Cemt. Baltimore, Naryland				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE				
John A. Moran 3000 E. De	Atimore St.	MAR 1 5 '60 Corthur S. Thous				

any delay is necessary, please exercised director, Page 4 shauld be ur files. se registrar priar ta burial, cremation, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If the certificate, writing its word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the randed to the Chief M 1 Examiner's Office along with farm PM3. Page 5 may be retained. Vs. A15ME(5) 5M 9/5S

or removal.

M



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

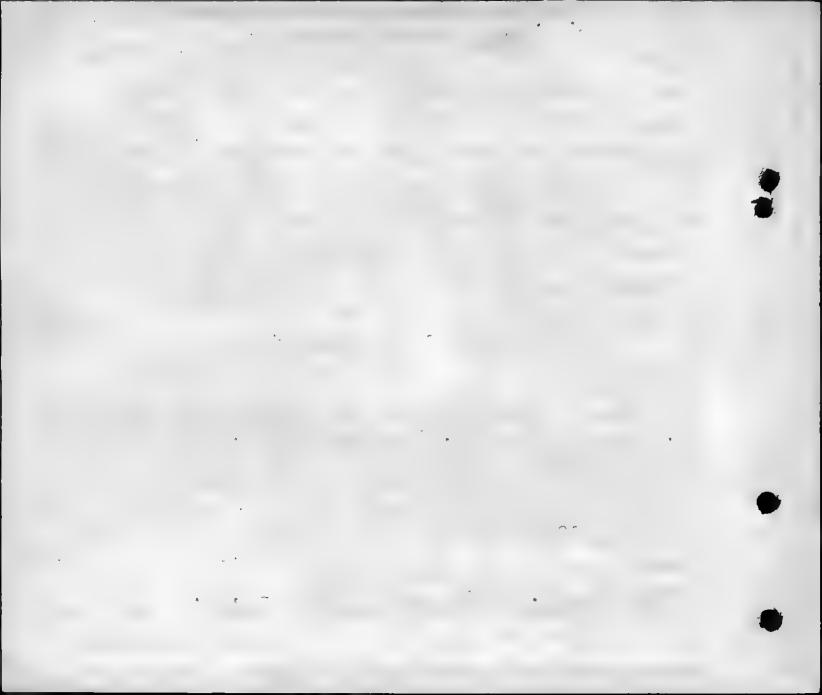
02920

2955	CERTIFICA	TE OF DEATH	Reg. Dis	t. No.
o. COUNTY 150121 MORR	MARYLAND	2. USUAL RESIDENCE (Where de	ceased lived. If institution; Residence b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, give street addre	O CONS	514+butus	corporate limits, write RURAL and g	
OR INSTITUTION Z / VICTSING	Home	1505 C Sulp	he spring a	e. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print)	Middle //	1 / 100 - 4. D.	ATE Month	13 19/00
5. SEX Female    6. COLOR OF RACE   7. MARRIED   WIDOWED   1	NEVER MARRIED   S	DATE OF BIRTH	9. AGE (In years lif UNDER ! lost birthday) yrs.  Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done) during most of working life, aven if retired) 13. FATHER'S NAME	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or fore	ign country) 12 CITI	ZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, SOC)	A SECURITY NO. 117 IN	BLL FORMANT	Address	
(Yes, no, or unknown)       If yes, give wor or defes of service)	12	HN FERRY	ALL 12668	1 - V/21-
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) B112		chopneumonia.		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which )				
gove rise to immediate couse (a), stating the under- lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI				PERFORMED?
		. (Enter noture of injury in Port I c		YES NO 🍱
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Haur e. p	Not while Foct	CE OF INJURY (Home, farm, 20f. ory, street, affice bldg., etc.)	(City or town) (C	ounty) (Stote)
21. I certify that I attended the deceased for alive on 3/18, 1960	om, and that death		from the causes and an th	ast saw the deceased
ACTUAL SIGNATURE HERENT DES	releas.	5305 East I		DATE SIGNED
PHYSICIAN'S Herbert J. Levic	kas	Baltimore-2	7, Md.	
MEMORAL (Specify)	NAME OF CEMETERY OR	crematory, took 226.7	OCATION (City, town, or county)	(Stole)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / Co. M.	24a. REC'D BY R	EGISTRAR 24b. REGISTRAR'S SIG	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO F RAL DIRECTOR: After retrificate has been signed by the attending physician and cample, especially should be detached for as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after degrin.

ed in by the funeral director, and 2 should be filed with



**ADDRESS** 

24b. REGISTRAR'S SIGNATURE

Cining & Flrace

24g, REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE

Within

12y 11

# Lony delay is necessary please Lot the funeral director Page For fined for your files. State Board of Health, softer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2922

•	1, 1	LACE OF DEATH	· · · · · · · · · · · · · · · · · · ·			2 USUAL RESIDENCE	E (Withere deceated li	ved If institution	oni Residence be	fore admiss o	on)
	c	. COUNTY	alle		MARYLAND	O. STATE	vcX	b. COUNTY	w sam		V
	Ь	CITY OR TOWN IN	al M	TUPAL C LE	ENGTH OF STAY IN 16	E all	(If outside corporal	e limits, write RL	JRAL and give n	ecresi lown)	
		1 JUL	LOV HISTHTUTION (III	of wo	give street address)	d STREET ADDRES	farle	mar	u.	ON A E	FARM?
	(	Type or print)	ames 5	9-	andello	away	4. DATE OF DEATH	Month	5 19	60 19	
	5. S	EX	6. COLOR OR RACE	MARRIED -	TIEVER MARRIED 0.	DATE OF BIRTH		at bitthday)	Honths Days	Hours M	24 HRS Ain
	10-	LIEUAL OCCUPATIO				Y III MOTURACE IS	0 1   6	2 Q Au	In CITITON O	5 MARIA 7 60	NI IN ITEM
		uring most of working	life, even if retired)	INB 105 KIND C	OF BUSINESS OR INDUSTI	11. IGRIHIEACE IS	lote or foreign count	71	12. CITIZEN O	. A	UNIKY
	13.	FATHER'S NAME	Q 1100	away		14. MOTHER'S MAIDE	N NAME	-11			
			R IN U. S ARMED FOR	CES? 16. SOCIA	AL SECURITY NO 17. IN	FORMANT	100	Address		, -	
	ĮYes,	, no, ar uningwn)	fil yes, give war or dates of ce	(vica)	C	carall 4	Junary	Ja.4261	60 Har	ltom a	isil
,		PART I. DEATH	H (Enter only one cause H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	per time for (o)	(b), and (c) ) OWNING	And the second s		<i>†</i> –	INTER	EVAL BETWEEN ET AND DEATH	
<u> </u>		Conditions, if on	10/								
		(o), stating the uncouse lost.	nderlying DUE TO								
	70		FR SIGNIF CANT COND	ITIONS CONTR B	BUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o) I		
*	CATR				4					PERFORM YES 🗍 N	IED)
	CERTIFICATION	20a. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING   206	DESCRIBE HOW	INJULY OCCURRED IE	ther noture of injury in	Fort I or Part II of it	em 18 14 ST	Pr-		met # + m
2	WEDICAL	20c TIME OF INJUR	Month, Doy, Year	20d. INJURY	Not white 20e, PLAC	E OF INTURY [Hame, I	orm. 20f. (City or f	own)	(Gounty)	7/	(819·e)
0	₩.	1000	3-4 196	Of work	of work	K TIEN-JA	ir ispai	1-17-	Davo	- /10	X_
					ins described aba			ectran L.		galanteng	in my
		//	resulted from: N	aintai conse	s [], Accident [	<b>⊴.</b> Suicide ∐,	Homicide [	j, Underern	nined manne	# [_]	
(		ACTUAL SIGNATURE	10107	) ar	10	M.D CHIEF MEDICA	E EXAMINER		0/	DATE SIGN	NED
}		EXAMINER'S NAME (Type)	M.B.)	AVIS	mo		DICAL EXAMINER []		9/8/	60.	
	320	BUR AL CREMATION	3-10-60	. 2.6	NAME OF CEMETERY OR	REMATORY Per Ceny	228 LOCATION	I (City town or	county)	(State)	
	23 (	BUNERAL DIFFCIOR	PECHATUREN 1:	3487716	MOORES Theren	24a. R	ENDER REGISTRA	_	lars algithan	N. C.	
	, in	1				DATE	MAR 8	6 <b>0</b> (	Trillian 9 1	for .	

VS A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER:
execute the certificate, writing the July Bob forwarded to The Line Real, Diffect OR: prior to or its designoted agent, prior to

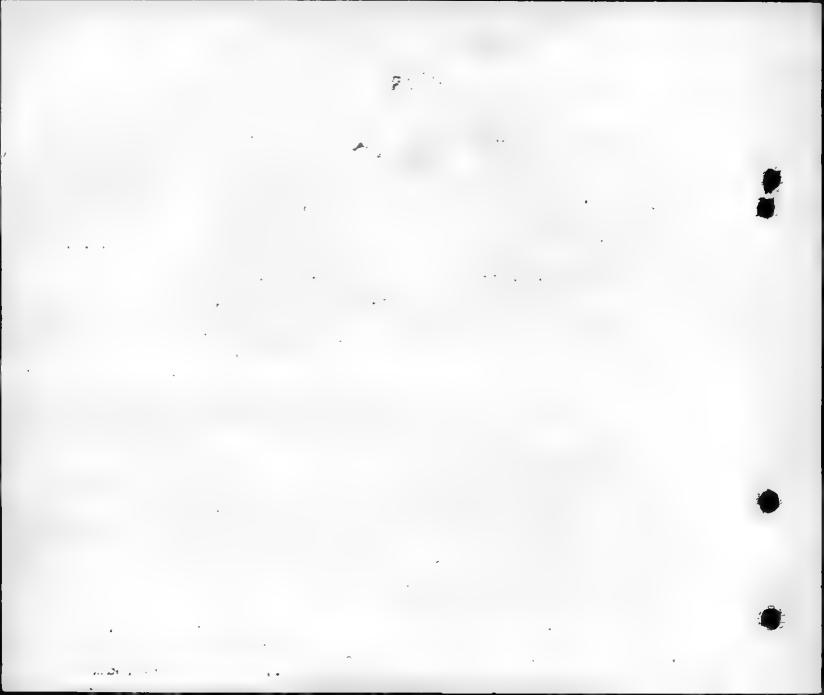
R: This certificate should be executed within 24 hours after death. The word "pending" in pencil in Item 18. Give Pages 1, 2, and "Linet Medical Examiners's Office along with form PMS. Page 6. Ishou'd be used " a burial-ismusit permit. File page, and to burial, accemulate, or removal, and in any event thin 72hio.



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- 1-			4330					Keg	, DIST, NO.	
	o COUNTY B	altimore	County	MARYLAND	o. STATE	PENCE (Where		If institution Res	Balt	dmission)
	b. CITY OR TOWN (If a RURAL on a near	utside carporate limit	s, write c. LEN	IGTH OF STAY IN 16	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  Baltimore 12				lown)
	d. NAME OF HOSPITAL OR INSTITUTION		herleig	h Road	d. STREET A		leigh I	Road		S RESIDENCE ON A FARM? ES NO
	3. NAME OF DECEASED (Type or print)	firs Myr	tle	Roberts	Dunc		. DATE OF DEATH	March	29	Yeor 19 60
		White	7. MARRIED WIDOWED	NEVER MARRIED   DIVORCED	July 13		9. AGI	birthday) Mant	DER 1 YEAR IF 1	OUrs Min.
	Oa USUAL OCCUPATION during most of working Housewi	glife, even if retired)	lone 10b. KIND O	F BUSINESS OR INC	_	ACE (State or		12	II.S.	HAT COUNTRY?
1	3. FATHER'S NAME				14. MOTHER'S				0.042	2.4
	WAS DECEASED EVER I	seph R. F	CES? 16. SOCIAL	1	INFORMANT		Taylor	Address		
	(14)	es, give war ar adres or se	irnce)	Re	oy Single	ton Du	incan,50	00 Hathe	rleigh	Road
	PART I. DEATH PART I. DEATH Conditions, if ony, gave rise to imm cause (a), stating the tying cause lost.	WAS CAUSED BY- MMEDIATE CAUSE (a)	18.	1, (b), ond (c). I spill	hay,	2. E. C.	till ?	lig.		AL BETWEEN AND DEATH
	CATIC	SIGNIFICANT CON	DITIONS <u>CONTRIB</u>	LUT NG TO DEATH B	UT NOT RELATED TO	THETERMINA	LO SEASE CONI	DITION GIVEN IN	P	WAS AUTOPSY PERFORMED?
- 1		UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b DESCRIBE H	OW INJURY OCCUR	RED (Enter nature a	f injury in Par	I I ar Part II of i	tem 18.)		
	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While No		PLACE OF INJURY ( factory, street, affice		20f. (City or tow	n)	(County)	(Stole)
	21. I certify that	I attended the	deceased fra	m. 13/12	<u></u>	9 to 3/	12-17	_, 19_ <i>64</i> that	I last saw th	he deceased
	alive an3/	19 67	12 (2.6	, and that dea	ith occurred at				the date st	ated abave.
	ACTUAL SIGNATURE	00140	3) 2/2		M.D20	50 7/6	ORESS (Street, ci	ty ar town, state)	_3	DATE SIGNED
	PHYSICIAN'S NAME (Type)	ED. VIV.	Distal	0513	wither this clien tiller tiller tiller tiller					(
	220 BURIAL, CREMATION, RBAOVAL (Specify)			NAME OF CEMETERY				City, town, ar cour	• •	(State)
3	Burial 23. FUNERAL DIRECTOR'S S	4/2/60		Joudon Par	K		SALCIMOT BY REGISTRAR	e, Maryl	S SIGNATURE	
1	Wm. Cook-Tow				Lowson 4	DATE APR	1 '60	arthur	S. Huma	

in by the funeral director, ages I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 more retained by the haspital an attending physician and camp of the haspital and expending physician and camp of the page 3 should be detached for ase as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. 101 VS A15 (4) 15M 9/58



<b>MARYLAND</b>	STATE	<b>DEPARTMENT</b>	OF HEA	ALTH-BALTIMORE,	18
		COTICIO A TO			

02924

359	CERTIFICATE OF DEATH	UA
	CERTIFICATE OF DEATH	Reg. Dist. No.

E. CHY OR TOWN If evide corporate limit, write RURAL and give neorest flown)  Catonsyille  O. NAME DYSTAL (If no in hospiol, give street oddress)  St. Charles College  Catonsyille  Lost Street ADDESS  Charles College  Catonsyille  Lost Street ADDESS  Charles College  Catonsyille  Lost Street ADDESS  Catonsyille  Catonsyille  Lost Street ADDESS  Lost Street ADD	Saltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Paltimore					
d. TARME OF HOSPITAL (II) not in hospitol, give street oddress)  St. Charles College  Catonsville  Catonsvill	RURAL and give	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
S. Charles College  St. Charles College  O DEATH March  Doy Veor  O DEATH  March  DOY Needs  Months  DOY Needs  DOY Needs  Months  DOY Needs  Months  DOY Needs  DOY Nee	d. NAME OF HOS	P-TAL (If not in hospital,	17	d. STREET ADDRESS e. IS RESIDENCE							
Date	St. Char	les College		Catonsville							
S. SEX   S. COLOR OR RACE   7. MARRED   NOWED   STATE OF BIRTH   9 AGE (in year)   FUNDER YEAR   S. UNDER YEAR   S. MARRED   NOWED   DIVORCED   AUG. 5. 1895   S. 18	DECEASED	ev. William	F. D	wver S.S.			4. DATE OF			,	
Mail	S. SEX	6. COLOR OR RACE	7. MARK	RIED NEVER MARRIED	B D	ATE OF BIRTH	9	AGE (In years	IF UNDER 1	YEAR IF UNDE	R 24 HRS.
ROMAN CATHOLIC Priest  Religious  Hartford, Conn.  13. FAITHER'S NAME  Thomas Dwyer  Thomas Thomas Dwyer  Thomas Dwyer  Thomas Dwyer  Thomas Dwyer  Thomas D			1					6/4 yrs.	Months (	yoys Hours	Min.
Thomas Dryer  Thomas Dryer  Is was decaded very in it. S. Armed Forces? It is social security no. It. Informant  Is was decaded very in it. S. Armed Forces? It is social security no. It. Informant  Is was decaded very in it. S. Armed Forces? It is social security no. It. Informant  Is was decaded very in it. S. Armed Forces? It is social security no. It. Informant  Is was decaded very in it. S. Armed Forces? It is social security no. It. Informant  Is was decaded very in it. S. Armed Forces? It is social security no. It. Informant  Is was decaded very in it. In i	during most of v	rorking life, even it retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (Stole o	or foreign cour	itry)	12 CITIZ	EN OF WHAT	COUNTRY
Thomas Dayer  IS. WAS DECRASEDEVER IN L. S. ARMED FORCES? IN U. S. ARMED FORCES. IN U. S. A		olic Priest		Religious		Hartford,	Conn				
15. CAUSE OF DEATH   Enter only one couse per line for (e), (b), and (c).					14	I. MOTHER'S MAIDEN N	AME				
It yes, give and or down of servets)    It yes, give and or down of servets)   Very Reva John F. Linn Catonsville, Md.			ecce l			Elizab	eth Mar	ctin			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under  Lying course lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS ALTOPSY PERFORMED?  YES NO  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING DEATH SUDDERLYING ON CONTRIBUTING ON ON THE INJURY OF COURRED OF WORK	(Yes, no, or unknown)	(If yes, give wor or dates of	(CES? 16								•
PART I. DEATH WAS CAUSED BY:  MEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate course (o), stoling the under- lying course lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSES CONDITIONS CONTRIBUTION COURSE CONTRIBUTION COURSE CONTRIBUTION COURSE CONTRIBUTION CO	Tra contract				ery	Rev. John F	Linn	Catons	ville		
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gove rise to immediate course (o), stoting the under-lying course lost.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS ALTOPSY PERFORMED?   YES   NO   200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)   10	4-4										
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21. I certify that I attended the deceased from		WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (E	nter nature of injury in Po	ort I or Port II	of item 18.)			
21. I certify that I attended the deceased from	Y 20c. TIME OF IN	n,	While	Not while	PLACE factory,	OF INJURY (Home, form, street, office bldg., etc.)	20f (City or	town)	(Co	unity)	(Stote)
olive on			dacage	ed from a 16 A	1	10 45 10 3	1110	10. (	h-11-		
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220 BURIAL CREMATION, PERMOVAL (Specify)  BUTIAL  3/11/60  St. Charles College  ADDRESS (Street, Gity or town, stote)  DATE SIGNED  Catonsville,  Catonsville,  ADDRESS  ADDRESS	1 1 1	3/10		,	th oc	7 7	M from I				
PHYSICIAN'S NAME (Type)  220 BURIAL CREMATION REMOVAL (Specify)  Burial 3/11/60 St. Charles College Catorsville, Md.  23. FUNERA/DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE			, •,	Language of the state of the st	,,,,						
NAME (Typo)  220 BURIAL CREMATION REMOVAL (Specify)  Burial 3/11/60 St. Charles College Catolisville, Md.  23. FUNERA/DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  1240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE	Dafellan	1 <i>[</i> ]	alage &	M.D.	33,67	in de	Escel	car,	>	
REMOVAL (Specify) Burial 3/11/60 St. Charles College Catonsville,  23. FUNERA/DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE	NAME (Type)				to dilated						·
Burial 3/11/60 St. Charles College Catonsville Md.  23. FUNERAY DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE			)F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCATIO	N (City, town,	or county)	(Stole	1
HAM. Blocks & Am. 1845- It always At					بالله	ge					
DATELIAD 1 4'60 CITILLE P ME	23. FUNERA DIRECTO	OK'S SIGNATURE	1015	- Japaness	- A-	240. REC'D	8Y REGISTRA	245. REGI	STRAR'S SIGN	IATURE	
NAME OF THE PARTY	111.000	eco win	000	1. Carre		DATELIAR	1 4 '60	<u> </u>	Han & f	Caus	



VR A15 (4) 15M 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

112025

	2906	CERTIFICA	TE OF DEATH		02000				
)	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where on STATE Maryland	leceased lived. If institution b. COUNTY P	Residence before admission)				
	6 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) APOUTUS	3 Months	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Arhutus						
	d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 55.76 LISHDOURNE Rd.	address)	/ street address 5609 Orego	on Ave.	IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) Jorose M. Eckb.	Middle nardt, Jr.		DATE Month OF DEATH MARCH 2	,				
	5. SEX 6. COLOR OR RACE 7 MAR White Widow	ED DIVORCED	B. DATE OF BIRTH  Junuary 31,1	926 3 yrs.	FUNDER 1 YEAR IF JNDER 24 HR Manths Days Hours Min				
	100. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired)  FICTICIAN  FATHER'S NAME  FOR THER'S NAME	KIND OF BUSINESS OR INDU	MATYLARD  14. MOTHER'S MAIDEN NAME		U.S.A.				
-	Jerome M. Fekhardt, Sr.	SOCIAL SECURITY NO. 17 II	Alice G. La						
	(Figs., no. or unknown)  (If yes, give wor or dates of service)  Ve S  18 CAUSE OF DEATH [Enter anly one cause per li	F	lorence E.Eck		Oregon Ave.				
	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost  Part II. OTHER SIGNIFICANT CONDITIONS	BNO-CARCINO		SIGMO	4 Mos.				
	20% ACCIDENT WAS UNDERLYING   20%. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part	l or Part II of item 1B.)	100 100				
	ZOC TIME OF INJURY Month, Day, Year 20d. While p. m. 19 of wo	Not while fo	ACE OF INJURY (Home, form, 2 ctary, street, affice bldg., etc.)	Of (City or town)	(County) (State				
	21 I certify that (I) (this haspital) attended the deceased from Nov. 2 1959, to Mar. 20 1960, that (I) (we) loss saw the deceased alive an MAROH 2019 60, and that death occurred at 94 M, from the causes and an the date stated above 220. S GNATURE  ATTENDING MED. STAFF 3/1/60  21 I certify that (I) (this haspital) attended the deceased from Nov. 2 1959, to Mar. 20 1960, that (I) (we) loss saw the deceased alive an MAROH 2019 60, and that death occurred at 94 M, from the causes and an the date stated above 200. BATTENDING MED. STAFF SIGNE								
	PAZE PHYSICIAN'S Albert R.W.	ilkerson M.	22d. ADDRESS  0. 1200 57.	Paul Sti	/ 60				
	236 BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 3/94/60	New Cathed	cal Cemetery	COCATION (City, town, or Baltimore,	Md				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY	REGISTRAR 256 REGIST	RAR'S SIGNATURE				



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02926 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY **b.** COUNTY MARYLAND Page b. CITY OR TOWN III outside corporate limits, write #URAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neares) fown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? KINGSTON MARK YES NO NAME OF DATE Month Year DECEASED DEATH (Type or print) 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE fin years IF UNDER TYPAR IF UNDER 24 HRS Months WIDOWED F DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) ELECTRICIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FISHER K Page ARMED FORCES? 16. SOCIAL SECURITY NO 3 RD-BOX.105 KEITHLEY M. EFFORD INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c). Ocelusia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

12. CITIZEN OF WHAT COUNTRY? clay DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗔 NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. Inspection [2] Inquiry [4] and find that 21. I sertify that I took charge of the remains described above, held an Autopsy ... Natural causes L Accident , Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)

VS A15ME(5)

to the Chief. DIRECTOR:

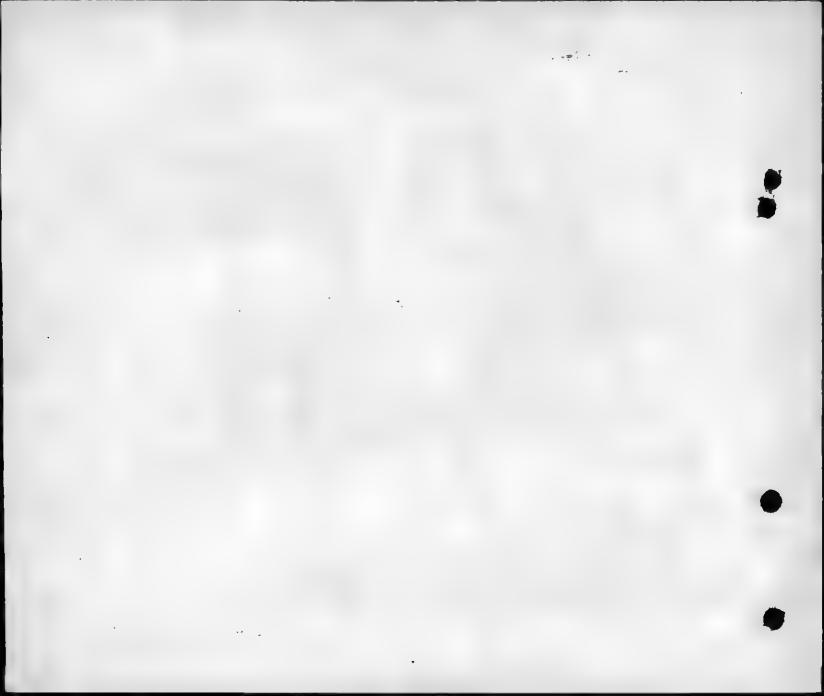
**JERAL** 

REMOVAL (Specify)

50

23 FYNERAL DIRECTOR'S S. GNATUNE ADDRESS Low L. Balto. 21 DATE MAR 22'60 21 OATE MAR 22'60

EDEE HER



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VS A1S (4) 1SM 9/SB

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND Prince George Maryland b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 6vrlmth12dvs 25 Parkway Drive - Washington, D. C. Catonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) 16 15 -cl . IS RESIDENCE d. STREET ADDRESS OR INSTITUTION SPRING GROTE STATE 25 Parkway Drive HOSPITAL YES NO 4. DATE NAME OF First Middle Yeor DECEASED OF DEATH 1960 March Elmore (Type or print) Emmet Arthur S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Haurs male white August 31, 1878 WIDOWED [] DIVORCED [ yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) cabinet maker Washington, D. 13. FATHER'S NAME Arther Elmore Jenny IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Unknown Unknown Records: 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🕅 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (State) (County) factory, street, office blda., etc.) Hour a.m. While Not while at work ot wark Feb. 12 1960 M arch 1 1960 that I last saw the deceased 21. I certify that I attended the deceased from. Mar**ch** \_\_\_, and that death accurred at 2:20pM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or lawn, state) ACTUAL SIGNATURE PHYSICIAN'S Stella Wachsler, M. D. NAME (Type) Catonsville 28. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 4-60 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Hrans



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Rog. Dist. No.

02928

1. PLACE OF DEATH					2. USUAL RESIDEN	ICE (Who	re deceas			on: Residence	before odn	nission)
8. COUNT	Baltimor	`e	MARY	LAND	o. STATE M	aryla	and	b. CC	YIMUC	Balto	•	
b. CITY OR TOWN (If	outside corporate Smits, writ	# RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOV	VN (If ou	Iside corp	porote limits,	write R	URAL and give	nearest t	own)
Ca	tonsville		2yr3mth3dy	S	5/ Lanso	downe	€					
			pital, give street address	1)	d. STREET ADDR	RESS					e. IS	RESIDENCE
SPRI G C	GROVE STAT	E HO	SPITAL		/ 9 Cl <sup>2</sup>	yde Av	venue					] NO []
3. NAME OF DECEASED	Fir		Middle		Lost	4.	DATE		Month	Di	ay	Year
(Type or print)		enry	٠, ٦,		Flack		DEATH		arch	1 21		19 60
5. SEX		7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In ye lost birthday		FUNDER TYE		DER 24 HRS.
male	white	WIDOWE		- ;	August 2			81	yrs.	Months Days	Hours	Min.
100. USUAL OCCUPATION during most of working	ON (Give kind of work or life, even if ratired)	done 10b. 1	CIND OF BUSINESS OR I	INDUST	RY 11 BIRTHPLACE	(State or	foreign co	ountry)		12. CITIZEN	OF WHAT	COUNTRY
Unknown					26.00	ylano				U.	S. A.	
13. FATHER'S NAME					14. MOTHER'S MAIL	DEN NAA	AE					
XXXXXXX	Charles	Flac	k		UK HAR	AVX:	Dor	thea		(unkno	wn)	
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Ad	ldress			
Unknown			0-07-3850	Re	cords: 31	PRIVO	GR GR	LOVE S	STAT	E HOS	FITAL	
18. CAUSE OF DEAT	TH [Enter only one cau	se per line	for (o), (b), and (c).]	1				· · · · · · · · · · · · · · · · · · ·			TERVAL BETY	
PART I. DEAT	H WAS CAUSED BYI IMMEDIATE CAUSE (6)			M	er a man	1.04	ميا				1317 7010 0	LOTH
4.5	DUE TO			,	0		1	/1				
Conditions, if or			-Oac	-de	w bas	cu	Kan	dis	Les	22		
gave rise to immed (o), stating the u	liate cause (		0 -1		n	11	17					
cause lost.	(c)		frocke	مدمد	e Lef	1	Fer	new	e <sup>t</sup>			
PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE	TERMUNA	LDISEASE	CONDITION	I GIVE	N IN PART 1(a)	19. WAS	AUTOPSY
8	bolu	hac	& hash	レファ	cted 2	^	2-6	6			YES	ORMED?
PART II. OTH  PART II. OTH  200. EXTERNAL CAU  PRIMARY ID OF CON CAUSE OF DEATH.	ISE WAS 20	b. DESCRIB	HOW INJURY OCCUR	RED (E	nter nature of injury i	in Part I d	or Part II	af item 18)	On.	1-30-6	O pt.	stag
	STATE OF THE STATE	ered.a	end fell who	ile Leit	walking of	n po	ren,	susta:	inir	ng tran	svers	se fra
20c. TIME OF INJUR		or 20d. I	NJURY OCCURRED _ 20	o. PLAC	E OF INJURY (Home	, form,	20f. (City	or tawn)		(County)		(State)
Hour <b>3333</b> € 	1-30 190	50 While	Not while ork at work		ry, street, office bldg OS_ital	etc.)	Cato	nsvil	le :	28. Mar	vland	i
	at I took charge		remoins described			topsy				Inquiry [	<u> </u>	
			, Accident Z				-	determin			2, 0110	TITIG TITG
1	1		1 11		, , ,,	icide [	٦, ٧	100101111111				
ACTUAL	10577	RK	o este	1	CHIEF MEDIC	AL EXAM	UNER 🗍				DATE	SIGNED
SIGNATURE	the fall	, T/C	The state of the s		_M.D. ASSISTANT M		_					/-
EXAMINER'S NAME (Type)	George 1	M. Kie	effer, M. D.		DEPUTY MED						3-	21-60
220. BUR AL, CREMATIO	N. 22b. DATE THEREC		22c. NAME OF CEMETE	RY OF				ION (City, to	23400 0-	county)	(Sto	de)
REMOVAL (Specify) BURIAL	3-25-60		Loudon Pa			24		ltimor		coomy)	[510	ue)
23. FUNERAL DIRECTOR			ADDRESS	1 IL		REC'D R	Y REGISTE			RAR'S SIGNAT	URE	
		1217	St. Paul S.	roe			0 6 1			-		

If any delay is necessary, please exergineral director. Page 4 should be your files. the registror prior to burigh, cremotion, cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the provided to the Chief "cal Examiner's Office along with farm PM3. Page 5 may be referenced to the Chief " 3 shauld be used as a burial-transit permit. File pages 1 and 2 the TE DEFITY MEDICAL ENAMINER: This certificate should be executed within In hour ofter death.

Wi

014

VS. A15ME(5) 5M 9/55

or remayal.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02929

		29	63_	CERTIFIC	AIL	OF D	EAIH			Reg. I	Dist. No.		
	PLACE OF DEATH	Balto.		MARYLAND	2. US o.	STATE 4	NCE (Wh	ere deceosed	l lived If inst b. COUI		ence befo	re admiss	ion)
	b. CITY OR TOWN (IF RURAL and give ne Catons	outside corporate limit arest fawn SV1110	s, write c.	LENGTH OF STAY IN 16	رغر		ONSV	,	rale limits, wri	te RURAL and	d give nec	irest fowi	n)
1	OR INSTITUTION	AL (If not in hospital, gi St. Josen			11 4	STREET AD		<b>11-</b> Ma	a <b>i</b> de <b>n</b> C	hoice			IDENCE FARM? NO [
	3. NAME OF DECEASED (Type or print)		ra Fl	Middle ottemesch		Lost		4. DATE OF DEATH		Month (arch	18	3	Year 19 60
	5. SEX	W	WIDOWED [		Jun		1882			yrs. Months		Hours	Min.
	Sister	N (Give kind of work d ing life, even if retired)		d of Business of Indi		Md	•		ountry)	12. (	ITIZEN O	F WHAT	COUNTRY?
-		Flotteme				AOTHER'S A	AAIDEN N	AME					
Ĺ	15) WAS DECEASED EVER	IN U. S. ARMED FORC	TES? 16. SOC	-	inform ste		ara-	Nece		Address 2011		****	
3	Conditions, if on gove rise to in couse (o), stating the last.  PART II. OTH  PART II. OTH  200. ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  200. TIME OF INJURY Hour o m. p. m.	The under DUE TO  (c)  ER SIGNIFICANT CONE  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	OCA  OITIONS CON  20b. DESCRIB  20d. INJUI  While	TRIBUTING TO DEATH BU  TRE HOW INJURY OCCURR  RY OCCURRED  Not while  at work	ED. (Enter	INJURY (H	ome, form, bldg., etc.	20f. (City	or town)	60,that	(County)	PERFC YES	AUTOPSY NO (Slote)
	200. BURIAL, CREMATION REMOVAL (Specify) BURIAL	3-21-60		Holy Rede		-		_	rion (City, to 2.1 to .	vn, ar county Mc		(Stat	•)
*	23. FUNERAL DIRECTOR'S Farley F		me	ADDRESS Catonsvil	Le.M			8 2 3 '6		EGISTRAR'S			

filled in by the funeral director, Pages 1 and 2 should be fred with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death; Page 4 浙 may be retained by the haspital ar attending physician.

UNERAL DIRECTOR: A his certificate has been signed by the attending physician and cage 3 shauld be detached to use as the burial-transit permit. Then please remove carbon part the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

19



MARYLAND STATE DEPARTMENT OF HEALTH

09020

	2964	cen 8, CERT	IFICAT	E OF DEATH	rilm (	3259,3/2	L/Clb	(1239)
1 PLACE OF DE. o. COUNTY	Baltimore	MA	RYLAND	2 USUAL RESIDENCE (Who o. STATE	ere decessed	lived If institution  b. COUNTY	n Residence bef	
RURAL ond	DWN (If outside corporate lim give nearest fawn) OWSON	its, write c LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (If o		ate limits write R	URAL and give ne	earest town)
d NAME OF OR INSTITU	HOSPITAL (If not in hospital,	give street address)		d STREET ADDRESS 523 Park Ave				e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EMMA	ESTELLA FOARD		Lasi	4. DATE OF DEATH	March	16, 1960	Oay Year
5 SEX Female	6. COLOR OR RACE White	7- MARRIED NEVER MAI		date of Birth ]	1868 1 <b>858</b>	AGE (In years last birthday) 92 yrs	Months Doys	R IF UNDER 24 HR
10a USUAL OCC during most Housewi	of working life, even if retired	done 10b. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Stote		untry)		OF WHAT COUNTRY
13. FATHER'S NA	me n McComas	,		14. MOTHER'S MAIDEN N		nnington		
-	SEDEVER IN U.S. ARMED FOR		17, I <b>NF</b>	ormant Family Reco		Add		
	OF DEATH [Enter only one of I DEATH WAS CAUSED BY IMMEDIATE CAUSE (	-	140-	PNECLM		Ą		TERVAL BETWEEN USET AND DEATH
gove rise	s, if ony, which to immediate stating the under-							
STIG		DITIONS CONTRIBUTING TO			NAL DISEASE	CONDITION GIV	/EN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRI	INT WAS UNDERLYING [] BUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED	(Enter nature of injury in F	Port t or Port	II of item 18.)		
ZOC TIME OF	INJURY Month, Doy, Ye o.m. p.m. 19	While Not while of work Of work	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f (City	or town)	(County	r) (Stole
2) I certif	fy that (1) (this hospital	1) attended the decease	ed from	UL //	53.10 M	MRIG	1960	that (I) (we) las
220 SIGNAT	ri in r	mski			ED RECTOR	STAFF PHYS	la on the dat	22b DATE
22c PHYSIC				22d ADDRESS				1 24

230 BURIAL CREMATION, REMOVAL (Specify) 236 DATE THEREOF Mar. 19, 1960

23c NAME OF CEMETERY OR CREMATORY Fork Methodist Cemetery

206 W. Pennsylvania Avenue, Towson 4, Md. 23d LOCATION (City town, or county) Fork, Baltimore Co., Md.

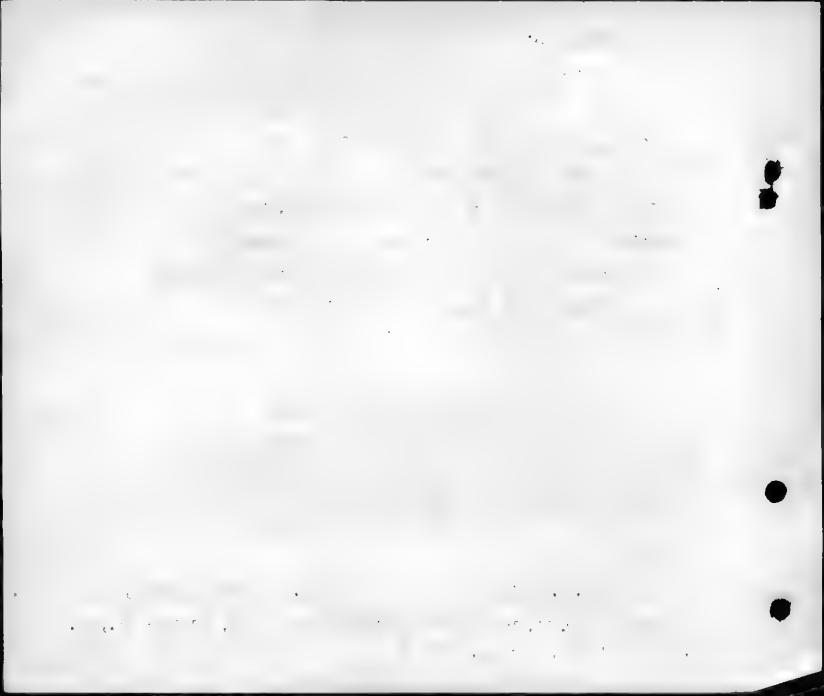
John Burns' Sons, Towson 4, Maryland

T. C. Siwinski

25g. REC'D BY REGISTRAR MAR 21 '60 DATE

25b. REGISTRAR'S SIGNATURE

TO FUE



			MARYL	AND	STATE DEPAR	TME G20	NT OF HEALTH 1 4-22-60 et TE OF DEATH	-BAL	TIMORE, 1	8 U	4200	
B.			2965		CERTIF	IÇA	TE OF DEATH			Reg. Dist	. No.	
lin	1	PLACE OF DEATH	al timore		MARYLA		2. USUAL RESIDENCE (Who o. STATE Mary	re deceased	lived. If institution b COUNTY	n: Residence		issian)
)	-	b CITY OR TOWN (	If outside corporate limit	s, write	c LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If ou	Iside corpor	rote limits, write Ri	JRAL and gr	ve negrest to	wn)
			onsville		5yr9mthlldy	78	Baltimore	<del>)</del>			3 V	17.
15		OR INSTITUTION	TAL (If not in haspital, gi		oddress) OSPITAL		d. STREET ADDRESS 18 Baltimore	329 L:	inden Av osni/tal/s	enue	ON	ESIDENCE A FARM?
	3	NAME OF DECEASED	Firs	t	Middle		Last	4. DATE	Mon	th	Day	Yeor
		(Type or print)	Lucy				Foland	OF DEATH	Marc	h	25	1960
	5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
	1	female	white	WIDOW	VED DIVORCED		1873 (?)		lost birthday)	Months	Days Hau	rs Min.
	10	during most of war	ON (Give kind of work d king life, even if retired) SEW118	one 10b	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State of Ma	or foreign co rylan	7.		I. S. I	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
		Unk	nown '				Unknown					
1	l JY		R IN U.S. ARMED FORG	rvice)	unknown		ords: SPRIN	G RO	Adda VE STATE		SPITAL	
$\smile$			ATH [Enter only one country on		ine for (o), (b), and (c).] teriosclerat	ic c	ardiovascula	r dise	ase		INTERVAL ONSET AN	
		Conditions, if o	ny, which } (b)	Ge	eneralized a	rter	riosclerosis					
		gove rise to i couse (a), stating lying cause lost.	the under-									
1	CATION	PART II OTI	HER SIGNIFICANT CONT	IT ONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19 WA PERI YES {	FORMED?
<i>L</i> '	L CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCC	URRED	(Enter noture of injury in P	ori I or Pari	It of item 18.)			
	MEDICAL	20c TIME OF INJUI Hour o m. p. m.	RY Manth, Day, Yea 19	While			CE OF INJURY (Home, farm, ory, street, office bldg., etc.)		or town)	(C	ounty)	(State)
		21. I certify the	not I attended the March 25				., 19.58 , to Moccourred at 12:15a					

**DATE SIGNED** 

HOSPITAL

24b REGISTRAR'S SIGNATURE

C Plun & Here

ADDRESS (Street, city or town, stote)

28, Maryland

22d. LOCATION (City, lawn, or county)

GROVE

24a. REC'D BY REGISTRAR

DATE APR 1 8 '60

SPRING

Catonsville

VS A1S (4) 1SM 9/SB Gella

220. BURIAL, CREMATION, 226 DATE THEREOF

23 \* FUNERAL-DIRECTOR'S SIGNATURE

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) Wachsler

ADDRESS

Stella Wachsler, M. D.

420.0

02931

**CERTIFICATE OF DEATH** 2066

1. PLACE OF DEATH a. COUNTY	ALTIMORE	7-0	MARYI	LAND	2. USUAL RESIDE	RY LAI	_		f institution	on: Resident		
b. CITY OR TOWN (	if outs de corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO			prote limit	, write R			
FORT HOWAR			9 DAYS		G#	TESV:	TLLE			0	2X	.2
d NAME OF HOSPI	TAL (If not in hospital (	ive street	oddress)		d. STREET AD							IS RESIDENCE
VETERANS A	DMINISTRAT	ION H	OSPITAL									YES NO
3. NAME OF DECEASED	Fi	st	Middle		Lost	_	4. DATE OF		Моп	ith	Day	Year
(Type or print)	CHA	RIES	H		FOOTE	C	DEATH	l .	MARC		5	19 60
S. SEX	6 COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRIE	D 🔲 8	DATE OF BIRTH			9. AGE	In years rthday)	1F UNDER	Doys	Hours Min.
MALE	COLORED	WIDOWI	DIVORCED		APRIL 9.	193	1	28		Monns	Doys	riours ivitii.
10a, USUAL OCCUPATION during most of war	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLA	CE (State o	or foreign o	country)		12 CITI	ZEN OF	WHATCOUNTR
LABORER	king me, even it rames	A.	MUSEMENT CO	MPAN	Y N	ARYL					U.S.	.A.
13. FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME					
ARTHUR C	FOOTE				MARGA	RET !	TALBE	RT				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, IN	ORMANT				Add	ress		
YES	PL-28		2-28-1518	CLI	N REC V	AH B	ALTO :	MD I	T HO	MARD	DIV	STON
18. CAUSE OF DEA	ATH [Enter anly one co	ovse per lie	ne for (a), (b), and (c).]								INTE	RVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	. II	REMIA									et and death KNOWN
, " , "	DUE TO	,	1,111									
Conditions, if a	ony, which )	. C	HRONIC PYE	LONE	PHRITTS						IIM	KNOWN
gave rise to i	immediate (	1	11,101,01	0.011.30	A data water the sales was						1	***************************************
couse (a), stating lying couse lost.	the under-											
Z PART II OT			CONTRIBUTING TO DEA	ATH BUT I	OT RELATED TO	THE TERMIN	NAL DISEAS	SE CONDI	TION GIV	EN IN PAR	T 1(o) 19	WAS AUTOPS
ET STIOMATT			EUS VULGAR									PERFORMED?
을 20g. ACCIDENT W.	AS UNDERLYING ET		CRISE HOW INJURY OF		(Enter nature of	injury in P	ort I or Po	rt 11 of ile	n 18.)			4444
STOMATI STOMATI OF CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	RY Manth, Day, Ye	ar 20d. !!	NJURY OCCURRED		CE OF INJURY (H			y or town		(0	ounty)	(Sto
20c TIME OF INJUI	19	While	Nat while	fact	ary, street, office	bldg., etc.)	1					
	Y			, T	1-1- 00		60	36		20.6	^ "	. 415 4 3 3
21. I certify the	at (1) (this haspita	l) offend	ded the deceased	fram_E	eb. 25	. 120 7.0 • El	20 , .10 <u>.</u> Kam	Marci	レーラ	, 19_0	U, the	at <u>po</u> (we) lo
saw the decea	sed alive an Ma	rcn_5	1960 and	that de	ath accurred	ev • 2)	###ram	the ca	uses ar	nd an the	date	22h DATE
220. SIGNATURE					ATTENDING	ME	D	STAFF	3757		4	16 16 SIGN
22c. PHYSICIAN'S	1/12/	1/1/10	7 30110		.D PHYS.		ECTOR _	J PH 15.	<u>vv</u>			3/0/00
NAME (Type)	JOHN D. TA	LBERT	24 M 84-		VAH, BA	_	.MD.	FORT	HOMA	דת מאו	VIS	TON
23 PUR AL CREWATE				TERV OR			K					
23a BUR AL, CREMATIO REMOVAL (Specify		2	23c NAME OF CEME				23d LOCA					(State)
BURTAL	O'C SICKMATURE		ADDRESS	HTAI		250 DEC'0	WES'		~~~	MARY I		· F
24, FUNERAL DIRECTOR						DATE MA		160		rihun 2		
William Do	000		110 Washir	orton	St.	DATE ISSE	41. O	00	- L	minus of	, / Com	46

110 Washington St

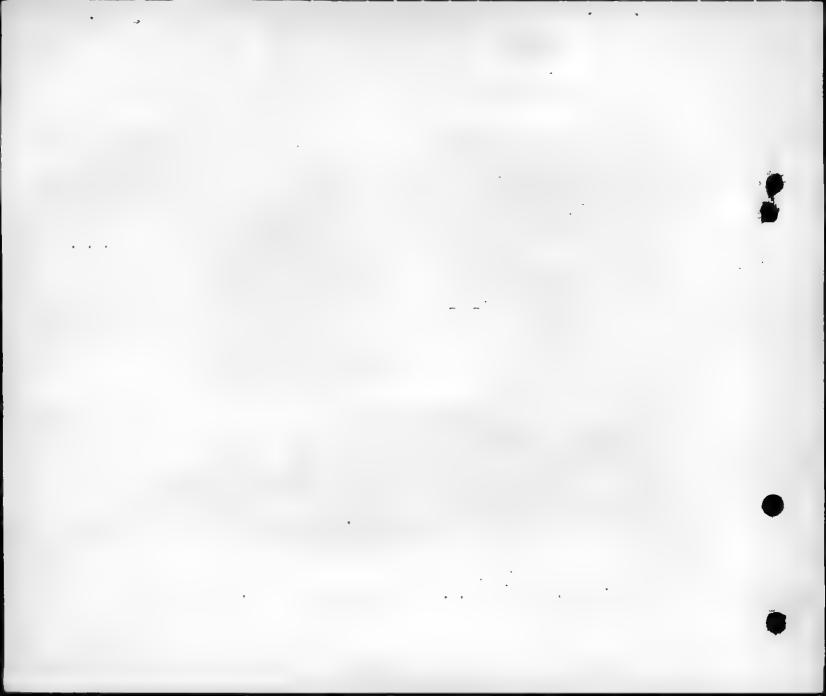
Maryland

Annapolis

VR A15 (4) 15M 9/59

William Reese

ERAL DIRECTOR: After 3 should be detached State Board of Health



wijh director, Filed funerol uld be fi 26 .= g ъ

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY BaltimoreBaltimore MARYLAND CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 15 c CITY OR TOWN (If 60tside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES INO NO lwood NAME OF Middle 4. DATE Lost DECEASED 1960 (Type or print) DEATH March S SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months male WIDOWED [ DIVORCED [ 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Waste Vil mn. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address same. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hat 199. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, office bldg, etc.) Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from hazay 1958, to have the 37, 1960 that I last saw the deceased ACTUAL SIGNATURE 22b DATE THEREOF 22a. BURIAL CREMATION. (State) REMOVAL (\$pecify) Baltimore, burial 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEMAR 3.0 '60

Outling & Kous

O VS A15 (4) 1SM 9/58



02932 Reg. Dist. No. b. country Baltimore B. IS RESIDENCE ON A FARM? YES NO DE Month Year 4th 19 60 March IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRY USA Address same as INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State)

DATE SIGNED 5/60

(Stote)

PHYSICIAN'S NAME (Type) Jack C. Collins. M. D. 22b. DATE THEREOR 220. BURIAL, CREMATION.

Baltimore 22. Maryland

22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) **′**60 Balltimore Cemetery FUNERAL DIRECTOR'S SIGNATURE ADDRESS

22d. LOCATION (City, lown, or county) Baltimore . Maryland

Dundalk 22

24g, REC'D BY REGISTRAR DATE MAR 7

24b. REGISTRAR'S SIGNATURE Cuiting & Trans

10



director, iled with

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executed

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shavid



2969

## **CERTIFICATE OF DEATH**

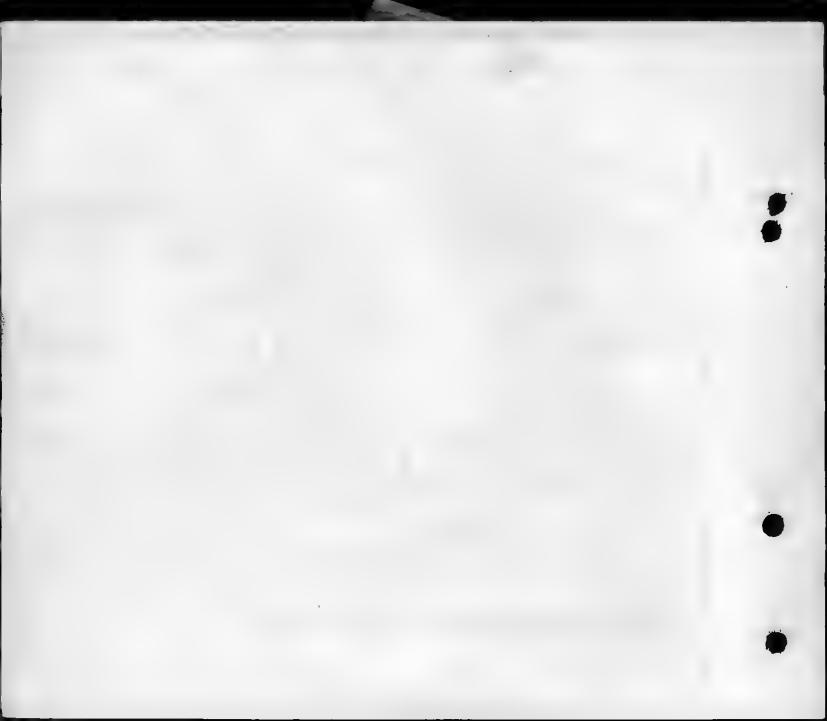
02935 Rea. Dist. No

4"			
1	1, (	1. PLACE OF DEATH  a. COUNTY DAILUMOL MARYLAND  2. USL  0. S	JAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b, COUNTY (CELLULAR)
/		b CITY OR TOWN (If outside corporate limits, write RUBAT and give nearest town).	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
<	/	d. NAME OF HOSPHAL (If not in haspital, give street address) de INSULUTION CONCESSION CO	STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO EX
		3 NAME OF DECEASED (Type or print) MARIE FIRST Middle FR	ANK OF DEATH Mail. 30 1960
		8. SEX 6. COLOR OR RACE 7. MARRIED PREVER MARRIED TO BOATE WIDOWED DIVORCED TEST	OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS loss bythday)  Monihs Doys Hours Min.
		100. USUAL OCCUPATION (Gra kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during most of working life, by an if yetired)  Advanced	Baltimore Mrd 91. S.a.
		John Saiefmann	Mary Muller
	SY e	15 WAS OF CEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMATIVES TO SCHOOL OF SOCIAL SECURITY NO 17 INFORMATIVE SECURITY NO	Frank 1408 Edmondson ave
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	AR SINOMANSH INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate DUE TO  DUE TO  ARTIMOMA  DUE TO	- C. BREAST 3 YRK
		lying cause lost.	
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO 1/2/
			nature of injury in Part 1 or Part II of item 18.)
	MEDICAL	ZOc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 40e, pt. m. 19 While of work at work	INJURY (Home, farm, 20f (City or town) (County) (State) eet, affice bldg , etc.)
		21. I certify that attended the deceased fram A alive an 3/27/6/11, 19 and that death accur	19.57, ta 3/34 to 19 that I last saw the deceased red at A. M. from the causes and an the date stated above.
		ACTUAL HIS W. Jaggs M.D.	ADDRESS (Street, sity or town, store)  HERDLET W. LAPP, M,D.  4804 FREDERICK AVE.
		PHYSICIAN'S NAME (Type)	4804 FREDERICK AVE.  BALTIMORE 29, MD. — MI 4-3655
	220	220 BURIAL CREMATION, 220 PATE THEREOF 22c. NAME OF, CEMETERY OR, CREMATION OF COMMETTERY OF CREMATION O	ATORY 22d tOCATION (City, town, or county) (State)  Publishill Ma
	26	20 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  AND	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE MAD 3 1 '60 Continue & Kraus

TO HOSTITAL OR ATTINITIES EMYSICIAN: The law requires that the damit certifice to executed within 14 laurs after death. Page 1 TO ERAL DIRECTOR: Afti FRAL DIRECTOR: Afti poer 3 should be detached as the burial-transit permit. Then please remave carbon page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ed in by the funeral director, es 1 and 2 should be filed with

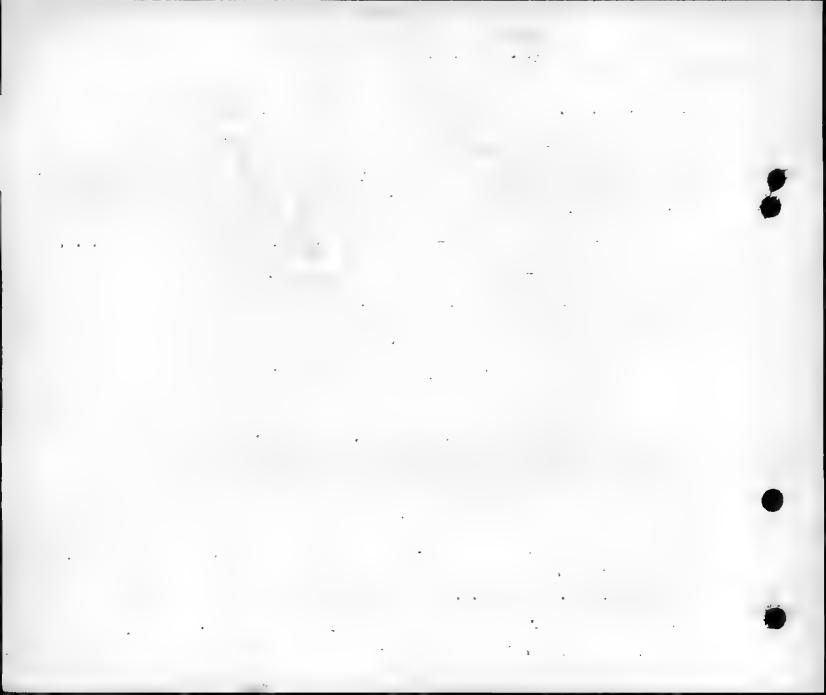
VS A15 (4) ISM 9/S5



			910	CEKTIFIC	AIE	OF DEAT	П		Reg. Dist.	No.	
1	PLACE OF DEATH	Rosewood S	tate Tra	aining Schoo	1 2 U	SUAL RESIDENCE (W	/here decease			before adn	vission)
	o. COUNTY B	altimore		MARYLAND	9	Mary Mary	land	b COUNTY	Ci	ty	• "
-	b CITY OR TOWN	(If outside corporate l	imits, write c.	LENGTH OF STAY IN 16		CITY OR TOWN (IF	autside corpo	prole limits, write R	URAL and give	e nearest to	ower)
0	RURAL and give	ls, Md.		3 years	]	Baltimore	5, Mar	yland	*	1	+
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospito	l, give street odd	ress)		d. STREET ADDRESS				e. IS I	RESIDENCE
R	osewood S	tate Train	ing Scho	ool		2022 McEld	erry S	treet			□ NO 🙀
3.	NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Mon	ith	Day	Yeor
	(Type or print)		argaret			itsch	DEATH	3		23	19 60
5.	SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years lost birthday)	Months D	YEAR IF UN	
	Female	White	WIDOWED	DIVORCED [	8,	/11/1891		68 yrs.	Monns	ays Hou	Min.
10	during most of wo	ION (Give kind of wo irking life, even if reti	rk done 10b, KIN red1	ID OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12 CITIZE	N OF WHA	T COUNTRY?
L	_							altimore	e	U.S.A	
13.	FATHER'S NAME JULIUS				14.	MOTHER'S MAIDEN	NAME				
J	ohn Georg	e Fritsch	-decease	ed .	1	Matilda Cl	opein				
	WAS DECEASED EV	ER IN U. S. ARMED F		CIAL SECURITY NO.	INFOR	MANT		Addi	ress		
)	no			H	lose	wood Recor	ds				
		ATH [Enter only one	,	or (a), (b), and (c).]						INTERVAL	BETWEEN ID DEATH
	PART I. DE	ATH WAS CAUSED 8 IMMEDIATE CAUSE	(o) Lob	ar Pneumoni	a, r	ight				2 we	eks
	600.	DUE	то								
	Conditions, if	ony, which	(b) Pye	lo-nephriti	s, c	bstructive	<u> </u>			2 ує	ars
	gave rise to		то								
	lying couse lost		(c)								
S S	PART II. O	THER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART 1	(o) 19. W/	S AUTOPSY
3	Ovarian	tumor, ri	ght - si	ze of footb	all.	- 5 yea:				YES	NO 🔣
CERTIFICATION	20g. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	/AS JNDERLÝING ☐ G ☐ CAUSE OF DEA Y MEDICAL EXAMINE	TH 20b. DESCRI	BE HOW INJURY OCCUR	RED. (En	ler noture of injury in	Part I or Po	rt II of item 18.)			
3		IRY Month, Doy,	Yeor 20d. INJU			OF INJURY (Home, for		y or town)	(Co-	inty)	(Stote)
MED.	Hour om,	1	9 of work	Not while ot work	roctory,	street, office bldg., et	10.]				
"		hat I attended t	he deceased	fram 11/1/56		, 19, to	3/23/6	Ω 10	that Llast	tow the	decensed
	alive an3			, and that dea							
	, and an	. /	1	and ther ded				street, city or logn,			ATE SIGNED
	ACTUAL	tarry,	h. /3.	uller	MD	Quise	95	milly	Mid	. 3/	23/60
							/	<del>-</del>			
	PHYSICIAN'S NAME (Type) H	arry G. Bu	tler, M.	D.	_	Rosewood	State	Training	School	n	
22	O BUR AL, CREMATI	ON. 22b. DATE THE		2c. NAME OF CEMETERY	OR CRE			TION (City, town,			itate)
	BUP La L	3/26/	50 H	loly Redee	mer	Cem.	Bal	timore.	Md.		
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS neral Home			C'D BY REGIS		STRAR'S SIGN	IATURE	
	Charles 3331 Lr	ehms Lan	3 PU	TIGLST TOUR	o .	DATE	MAR 2	8 '60	arthur &	. Thous	Į.

in by the funeral director, and 2 should be filed with 24 haurs after death. Page 4 PHYSICIAN: The law requires that the death certificate be executed within permit. Then please remave carbon papers in any event within 72 hours after death. r attending physician. Fertificate has been signed by the ottending physician and carry e os the burial transit permit. Then piease remave carbon pape removal,

RAL DIRECTOR: After certifical page 3 shauld be detached for use as the the registrar prior to burial, cremation, ar TO HOSPITAL OR ATTENDING Ę 0 VS A15 (4) 15M 9/5B



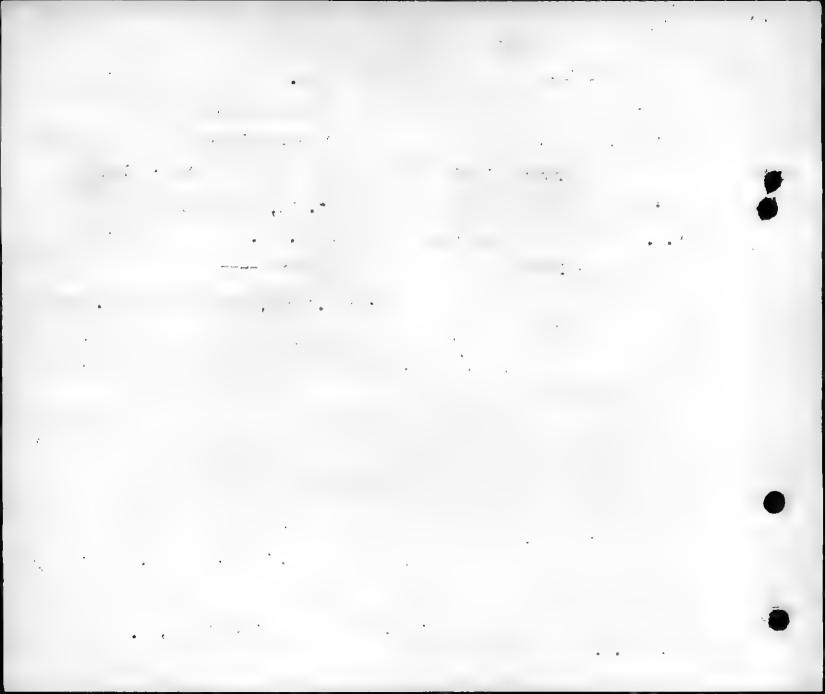
TMENT OF HEALTH	-BALTIM	AORE, 18	3	112	957
CATE OF DEATH			Reg. Dist.	0	
2. USUAL RESIDENCE (What a. STATE	re deceased live	IS COUNTY .	Residence		
52 Cat on	riside corporate i	îmîts, write RUF	RAL ond giv	e nearest	tawn)
/d STREET ADDRESS 1030 Collw	ood Ro	nd.		C	RESIDENCE ON A FARM? S NO
Last	4. DATE OF DEATH	Marc	h 21,	/60	Year 19
Sept. 11,	1877 <sup>9 Å</sup>				JNDER 24 HRS ours Min.
Balto. M	d.	n	US.		IAT COUNTRY
14 MOTHER'S MAIDEN N. Catherine	_				
INFORMANT	1070	Addres		A 60	ne 28
Elmer J. Garde	-	۸.	ou it	INTERVA	L BETWEEN AND DEATH
Ceroter C.V.	Duc	eail		10	year
					,
BUT NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDIT-ON GIVE	N IN PART	1(a) 19. W	ERFORMED?
URRED. (Enter nature of injury in P	ort I or Part II o	f item 1B.)			
e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)			•	unty)	(State
eath accurred at 6.45A.					
	DDRESS (Street,	city or town, st	ole)		DATE SIGNE

22d. LOCATION (City, lawn, or county)

DATE MAR 2 3 '60

Cothut S. Through

15M 9/5B



240. RECID BY REGISTRAR

Chilling &

Q E Q V5 A15 (4)



119000

	29	907	(	CERTIFIC	ATE OF DEATH	1		Reg. D	ist. No	Jay	O O
1. PLACE OF DEATH a. COUNTY	Baltimor	3		MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere decease	b. COUNTY			more	
	outside corporate 1.m.		c LENGTH	OF STAY IN 16	c. CITY OR TOWN [IF of 5/Baltimor		orote limits, write R				
d. NAME OF HOSPITA OR INSTITUTION	4821 Fe1			lare	d. STREET ADDRESS		Square			ON A	SIDENCE À FARM?
3. NAME OF DECEASED (Type or print)	Lic	nel		Middle J.	Gillis	4. DATE OF DEATH	Mar		3		Year 19 60
s. sex male	6. COLOR OF RACE White	7. MARE		PER MARRIED DIVORCED	B. DATE OF BIRTH  July 1. 1	.893	9. AGE (In years lost birthday) 66 yrs.	Months Months	R 1 YEAR Days	Hours	Min.
100. USUAL OCCUPATIO during most of work retired	N (Give kind of work ing life, even if retired	done 10b.		O R.R.	JSTRY II BIRTHPLACE (Sloke Baltimor		d.			S. I	COUNTRI
13. FATHER'S NAME Gilbert  15. WAS DECEASED EVER (Yes, no or unknown)		ervice)	SOCIAL SEC		Jane	Unkn	Addr				// 0 =
	mmediate Dus To	ivse per in	05 03 ne for (o), (the contract of the contrac		Christina Gi Ces thr Orteriosel	111s		ernl 2	INT		#27
САТІС	IER SIGNIFICANT CON	DITIONS	CONTRIBUTE	NG TO DEATH BU	T NOT RELATED TO THE FERMI	NAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	ORMED?
U (IF EITHER, NOTIFY .	CAUSE OF DEATH MEDICAL EXAMINER)				ED (Enter noture of injury in I						
ZOC. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. II While at wor	NJURY OCC Not was	hile f	LACE OF INJURY (Hame, form octory, street, office bldg., etc.	, 20f. (Ci)	y or town)		(County)		(Stat
21. I certify th	at I attended the	deceas			3 , 19 54 , to	3-2	29 , 160,	that I I			

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

Albinas Klimas, M. D.

22d. LOCATION (City, town, or county)

220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)
Burial 23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

Meadowridge Cemetery Elkridge Maryland
ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A1S (4)

retained by the haspi

requires that the deoth certificate be executed within 24 hours ofter death. Page 4

ottending physicion and com

attending physicion. ertificate hos been signed by as th≡ buriol-tronsit

removol.

SPITAL OR ATTENDING PHYSICIAN: The low

director Filed

the funerol of should be fit

Howard H. Hubbard 4107 Wilkens Avenue

DATEADR 4

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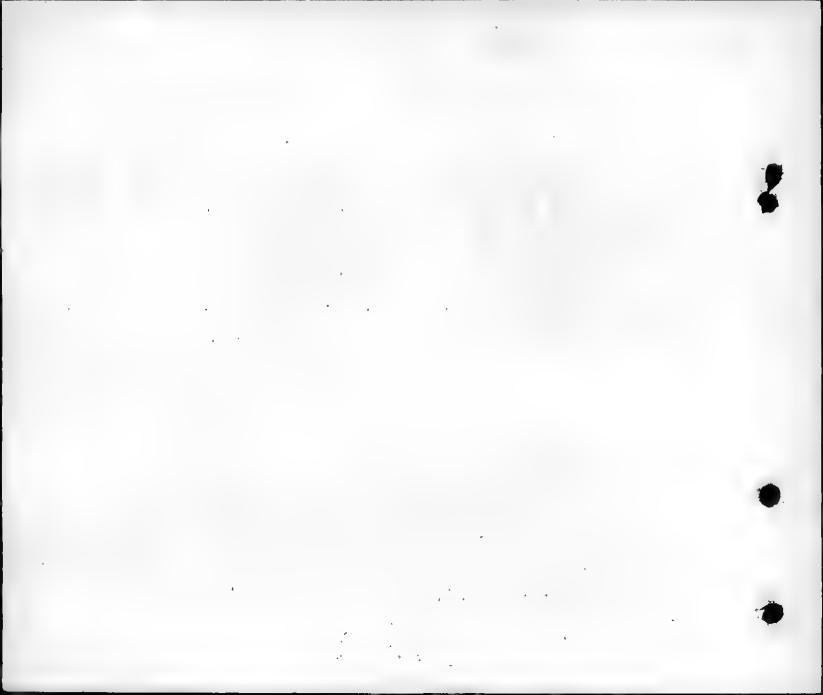


TO F VS A1S (4) 1SM 9/SB Ċ

**CERTIFICATE OF DEATH** 2973

Reg. Dist. No () 294()

	PLACE OF DEATH o. COUNTY	Batimore	MARY	LAND	2. USUAL RESIDENCE (Who STATE Mary)		If institution Reside b. COUNTY	nce before	admission)	
	RURAL ond give ne Catons	ville	25yr6mth1		e. CITY OR TOWN (IF o	•	mits, write RURAL and	give neare	est town)	
3	d. NAME OF HOSPIT OR INSTITUTION SPRING CR	AL (If not in hospital, give OVE STATE	e street oddress) HOSPITAL		d. STREET ADDRESS 4902 Denmo	re Avenu	е		IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	Sarah	Middle	G	losi oodga <b>l</b>	4. DATE OF DEATH	Month March	17	Year 19 60	
	S SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIE	ED 🔲	B. DATE OF BIRTH	9. AC			F UNDER 24 HRS.	
	female	white w	VIDOWED DIVORCE		October 9, 1	.884   '7	birthday) Months yrs.	Days	Hours Min	
	100 USUAL OCCUPATION during most of work housewif	ing life, even if retired)	ne 10b. KIND OF BUSINESS O	RINDUS	TRY 11. BIRTHPLACE (Stote		12.CI		WHAT COUNTRY?	
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
_	Solo	mon Wilkins			Mary Knaue	r				
r	15 WAS DECEASED EVE	R IN U. S ARMED FORCE	SP 16 SOCIAL SECURITY NO.	. 11	NFORMANT		Address			
	/unknowwn	Of yes, give war or dates of service	Unknown	Re	cords: SPRIN	G GROVE	STATE H	OSPIT	AL	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiova scular disease  UNSET AND DEATH  Conditions, if ony, which gove rise to immediate couse (a), stoting the under- lying cause lost.  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH									
	CATIO	Basal cell	TIONS CONTRIBUTING TO DEA  1 carcinoma of  0b DESCRIBE HOW INJURY OF	for	ehead with pr	obable n	etastases	,	WAS AUTOPSY PERFORMED? YES NO	
		S UNDERLYING [] 20.  CAUSE OF DEATH MEDICAL EXAMINER]								
	Hour o.m.	Y Month, Doy, Year 19	While Not while at work at work	foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc	)		(County)	(Stote)	
	actual Signature	at I attended the durch 17  Allla  Stella Wachs	Wachster	y 1 death	accurred at 3:351	M, from the cappress (Street, of ROVE ST	ily or town, stote) "ATE HOSPI	e date s		
	220. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEME	Pefell	CREMATORY f Vloref	22d LOCATION	City, town, or county)	Maj.	(Stote)	
	GEK LOW	A.	2160 GOER	Ce 2	24g. MA	BY REGISTRAR	24b. REGISTRAR'S S	GNATURE		





TOY		1	MARYLAND STATE DEPARTM	ENT OF HEALTH	H-BALTIM	ORE, 18	119040
4			2975 CERTIFICA	ATE OF DEATI	H	Reg. Dis	(12942)
Page	1		PLACE OF DEATH a. COUNTY  MARYLAND	2 USUAL RESIDENCE (W	_	b. COUNTY	timore
eral of be fil			Bal timore  b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest lawn).	c. CITY OR TOWN (If			
fter de he fun hould		$\vdash$	d. NAME OF HOSPITAL (If not in haspital, give street address)	A. STREET ADDRESS	ille		e. IS RESIDENCE
urs a by th	X		OR INSTITUTION 8218 Harris Ave	8218	Harris A	ve.	ON A FARM? YES NO
24 ho		1	NAME OF First Middle DECEASED (Type or print) Albertina E.	Gosnell	4. DATE OF DEATH	March	Doy Year 22. 1960
age	4-	1		B. DATE OF BIRTH		E (In years IF UNDER	1 YEAR IF UNDER 24 HRS Doys Hours Min.
mpi w	-	_	Female White WIDOWED DIVORCED	March 26, 18	80 7	9 yrs.	ZEN OF WHAT COUNTRY
nd con	1)		during most of working life, even if retired)  Clerk—retired  Bakery		many		USA
ian a carbo		13.	FATHER'S NAME	14. MOTHER'S MAIDEN I			
physic move haurs			Albert Loeffler  . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. no, or unknown)   (If yes, give wor or dates of service)	Carol Carol	ina Hess	Address	
h cer ling p se re se re			_ No   213-34-1399 Mr	s. Margaret S	chuler 8	218 Harri	
attend n plea t within			1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Corc nory  The	rombosi	3		ONSET AND DEATH
hat the			L/ 1 DUE TO - 1	tic cardioi	10.11/0-	dinerno	2 Hear
ires t jned t permit in any			Gonditions, if any which gove rise to immediate couse (o), stoting the under-	16 Curais	as actually	. on scarce	20
ian. en sig nsit p		7	lying couse lost. (c)	I NOT BELLYED TO THE TERM	INTERNATION	PATRICIA DE LA PARIS	10 MAC ANTORON
physic as be ial-tra	0	CATIO	Chronic pyelonephitis	I NOT RELATED TO THE FERM	INAL DISEASE CON	IDITION GIVEN IN PAK	PERFORMED?
IAN: The ending ficate has bur the bur our rem		CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in	Port I or Port II of	item 1B.)	
PHYSIC officers of the control of th		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 Pt. While Not while for work 19 of work 10 to work 10 pt. m.	ACE OF INJURY (Home farm ctory, street, office bldg., etc	n, 20f. (Cily ar la	wn) ((	County) (State
ospite ospite filer i ed far al, cr			21. I certify that I attended the deceosed fram, 4 - 8	1959_, to	3 - 15	., 19 <u>60</u> that I la	st sow the deceased
TEND the h DR: A DR: A			olive on 3-15, 1960, and that death	occurred at 6, 451	M, from the o		date stated above
OR AT led by IRECT I be d	1		ACTUAL SIGNATURE SOUT SULOZOS	M.D. 680	13,0	lark	pad
retain AL D should	,		PHYSICIAN'S Santi Amoroso	and the control of th			
may File page 3		220	BURIAL, CREMATION, 22b. DATE THEREOF     REMOVAL (Specify)     22c. NAME OF CEMETERY C			City Iown, or county)	(Slote)
5 t 5 g =		23.	Burial 3-25-1960 Toudon FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Park 240. REC	D BY REGISTRAR	245 REGISTRAR'S SIG	
VS A15 (4) 15M 9/5B	×			DATEMA	R 2 3 '60	Citing 8	Kraus.



HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2978	CEKTIFICA	IE OF DEATH		
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived If institution: Residen b COUNTY	ce before admission)
b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	atside corporate limits, write RURAL and	give nearest town)
Fort Howard	46 Days	Baltimore	31/	<i>f</i> (17)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administration	Hospital	1401 McCull	ough Street	YES NOTE
3 NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) EARL	R.	GROOMES, SR.	DEATH March	14 1960
	RIED NEVER MARRIED	B. DATE OF BIRTH	lost hirthdoxt Atmost a	Days Hours Min.
Male Colored WIDOW		April 23, 189		
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				IZEN OF WHAT COUNTRY?
	anufacturing C		,	. S. A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N		
Nickolas Groomes		Betty Cook		
Yes, no. or unknown) (If yes, give wor or dates of service)		NFORMANT	Address 70 363	Die Hausen 2 Diese
		inical Records	s,VAH,Balto.18,Md.,	
IB. CAUSE OF DEATH (Enter only one couse per li		יים עריים ביים או	BRAL ARTERY, RIGHT	ONSET AND DEATH
IMMEDIATE CAUSE (0)		E MIDDIE CERE	STALL ALLEMI, MICHIE	HOURS
	DE	ODNETRIONEA LITE	TH ABSCESS FORMATIO	ON 2 WEEKS
Dove size to immediate	LATERAL BRONCH	OFMEUMONIA WI.	III ADDOEDD FOILMILL	711 2 112111111111111111111111111111111
	QUAMOUS CELL CA	RCINOMA OF THE	E TONGUE	2 YEARS
PART II OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c TIME OF INJURY Month, Day, Year 20d I Hour o.m. 19 While p. m. 19	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		County) (Stote)
21 I certify that (1) (this haspital) attend	ded the deceased fram	January 28 196	50 to March 14. 196	0. that (1) (we) last
say the deceased alive anMarch 11	A ::		SAM am the causes and an the	
276 S GNATURE	~ n			
Cardon Jo	maley	M.D PHYS DIE	D. STAFF	22b DATE SIGNED 3/14/60
22c PHYSICIAN'S NAME (Type)	1	22d ADDRESS		
CARIDAD E. GONZALEZ, M.	.D.	VAH, BALTIM	ORE 18, MD. FT. HOWAR	ED DIVISION
230 BURIAL, CREMAT ON 236 DATE THEREOF ,	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 3/17/60	Baltimore Na	tional Cem.	Baltimore, Marylan	nd
24 FUNERAL DIRECTOR'S SIGNATURE	1808 N. Monroe	25e REC'E	BY REGISTRAR S SI	
rlington S. Phillins	Baltimore 17,		2 2 '60 Clashur & 4	Comb

Classing & Krous

TO HESHITAL OR ATTENDING PHYSICIAN: The tom requires that the death certificate be exacuted within 24 hours often death. Bogs 4 in by the funeral director, and 2 should be filed with page & should be detached for any as the buriol-transit permit. Then please remove carbon papers ages the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death. prificate has been signed by the ottending physician and complant the buriol-transit permit. Then please remove carbon papers attending physician. refained by the hosp to TO F VR A1S (4) 1SM 9/59

Arlington S. Phillips



VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2970

02946

	44 10 (			keg, p	IST. NO.
1. PLACE OF DEATH	altimore	MARYLAND	2. USUAL RESIDENCE (Where dec	b COUNTY Ball	
RURAL and give ne	outside carparate limits, water town	rrite c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Rosedel	orporate limits, write RURAL and . ©	give nearest town)
	AL (If not in hospital, give : 7215 Fulas	n n 110	d. STREET ADDRESS 7016 Pu	laski Tighwa	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	FOITO. 4. PA	ATH TORCL	Day Yeor II, 19 CC.
S. SEX		MARRIED NEVER MARRIED DOWED DIVORCED	October 4,189	9. AGE (In years lost bigliday) Wanilhs	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
IOo. USUAL OCCUPATIO	ing life, even if retired)	Poth. Steel Co		gn country) 12 C	Italy
13 FATHER'S NAME			14 MOTHER'S MAIDEN NAME		
GEIMARO	GUIDO 0	ing quelin	MARIANTON	NIA CANTAI	LUPC.
S. WAS DECEASED EVER	R IN U. S. ARMED FORCEST	7 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
3.40			Anna M. Woppma	an Same.	
Conditions, if or gove rise to in cause (o), storing lying couse lost.	n mediate ( OUS TO	Cerebrai V central vase Sijhe vierwin	clarker - More	lighten.	INTERVAL BETWEEN ONSET AND DEATH HERE TLAS TO LAST
20- ACCIPCAIN AND			IT NOT RELATED TO THE TERMINAL DI		PT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
OR CONTRIBUTING (IF EITHER, NOTIFY)  70c. TIME OF INJURY  Hour a.m. p. m.	MEDICAL EXAMINER)  / Month, Doy, Year	20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form, 20f. octory, street, office bldg., etc.)	(City or Iown)	(County) (Slote)
21. 1 certify the alive an	Thiliter Co	ceased from November 1960, and that dead	h accurred at 1/45 A.M.		last saw the deceased the date stated above.  DATE SIGNED
NAME (Type) /// 220. BURIAL CREMATION TREMOVAL (Specify)	1 - 161 -	22c NAME OF CEMETERY	<b>79</b>	OCATION (City, town, or county)	1 m m
1000181 13 JUNERAL DIRECTOR'S	3-14-6 SIGNATURE Seller	0. Oak Javn  101 SADDRESS CONKL	Cemeter: 72  VAG ST DATE MAR 1		GNATURE



A	ř
(	M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02947

			200	CEI	RTIFIC	ATE	OF DEATH			Reg	. Dist. N	(; ~ <sub>€</sub> )	- G
٦,	PLACE OF DEATH		430	1)		2 1	USUAL RESIDENCE (Who	ere deceose	d lived If institut	ion: Re:	sidence bel	ore odmisi	ion)
o. COUNTY Faltimore MARYLAND							Maryland Baltimore						
_	b CITY OR TOWN (IF	outside corporate	e limits, wri	e c. LENGTH OF	STAY IN 16		CITY OR TOWN (IF or		prate limits, write f				1)
	RURAL ond give ne	100				1 /	7/1 -	11			•		
_	d NAME OF HOSPITA		tot, give str	eet oddress)		11-2	d. STREET ADDRESS	(21)				e. IS RES	IDENCE
	OR INSTITUTION					4		- D	-3			ON A	FARM?
2		Elk Ros				11	1804 Ell	-				LES	NO 🔀
3.	NAME OF DECEASED	***	First		liddle		Lost	4. DATE OF	Mai	nih	C	-/	Year
	(Type or print)		ATHAR.	to - 1 year for some more former a				DEATH	THU LINES	1.			19 60
3.	SEX	6. COLOR OR R.		ARRIED NEVER M		8. DA	ATE OF BIRTH		9. AGE (In years lost birthday)	Man	ths Days	Hours	R 24 HRS
	<u>emale</u>	White			ORCED 🔲		June 6, 1900		59 yrs		30,	110011	WINT.
I Qc	<ul> <li>USUAL OCCUPATIO during most of work</li> </ul>	N (Give kind of v ing life, even if re	vork done 1	DE KIND OF BUSINE	ISS OR INDI	USTRY	11. BIRTHPLACE (State of	or foreign o	country)	12	CITIZEN	OF WHAT	COUNTRY
	Housewif			Home			Germany				U.S.	Α.	
13.	FATHER'S NAME					14	. MOTHER'S MAIDEN N	AME					
	Andre	w Schwal	lb				Katherin	ne Mai	hr				
15.	WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURIT	r NO. 17.	INFOR		20 2 304		lress			
114	No	Il yes, give wor or dal	er du reunire)	212-07-32	29	Johr	H. Hahn	Sai	TI/O				
	18. CAUSE OF DEAT	TH   Enter only o	ne couse po			بالبايدة	. II. IIAIIII	<u> </u>	11.00		LIN	TERVAL BE	TWEEN
		H WAS CAUSED	BY:	Andia			to in				Ö	SET AND	DEATH
	100	IMMEDIATE CAU	SE (a)	www	-UVV		www.				-	-4	
	177.0	Toronto.	10 /	maria			0014	1	l : [.			2	
	Conditions, if on gove rise to im	mediate	(b)	aun	ww	M	- 14	M	right	,		, ry	102
	couse (a), stating t		IE TO										
z	lying couse last.	,	{c}										
Š	PAM II OTH	EK SIGNIFICANI	CONDITIO	AS CONTRIBUTING TO	D DEATH BU	TON	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN	PART I(o)	PERFC	AUTOPSY RMED?
Ž												YES 🔲	№ □
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING E CAUSE OF DE MEDICAL EXAMIN	ATH IER)	DESCRIBE HOW INJU	RY OCCURR	ED. (En	iter nature af injury in P	ort I ar Pa	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Day,		d. INJURY OCCURRE	20e. P	LACE C	OF INJURY (Home, form,	20f. (Cit	y or fown}		(County	}	(State)
WED	Hour o.m.			nile Not while work 🔲 at wark 🎝	1 "	octory,	street, affice bldg., etc.)		,				
_	21. I certify the	at I ettended	the deer	and from (	MAI		, 1960, 10 M	1611	61 10/-/	'S at .	s I I s	- 41	
	alive on M	AA AAA	/ v		the state of								
	dive on ZZI		Z, 1	Zie k gand	nar aean	посс	urred at 5:30F		n the causes ( treet, city or town,		n the d		ed above ATE SIGNED
	ACTUAL	nns	ann	MAIII	1.		Bull	7	On a a	siole)		ni	AIR SIGNED
	SIGNATURE	1110	VVV		Ma	HLD.	-J. Just	10.0	/MA			3/-	7/60
	PHYSICIAN'S												. /
20	NAME (Type)	Tan Dire											
Z2c	REMOVAL (Specify)			22c. NAME OF					TION (City, town,			(Stot	e)
	Burial	3/5/6	00	/ Oak	Lawn	Cen	etery	Bal	ltimore (	loun	ity M	1.	

TO F VS A15 (4) 15M 10/57

James Pruzdzinski 1407 Eastern Ave.

240 REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

DATE MAR 7

Orthur & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I	8
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2981 CERTIFICATE OF DEATH

Reg Dist No.

02948

	2007						Keg. Dist. 140.	
1. PLACE OF DEATH OS WOOD 5 o. COUNTY  Baltimore	Late Tra	Ining School MARYLAND	2. USUAL RESIL o. STATE	DENCE (Where		If institution	Residence before	· ·
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Owings Hills, Many		6 months	X		de corporate lin		RAL and give nea	
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION	ol, give street od	(dress)	/ d STREET A	DDRESS		1100		o, IS RESIDENCE ON A FARM?
Rosewood State Train	ning Sch	1001	529 La	Street				YES NO J
3 NAME OF DECEASED (Type or print)	First	Middle Rvan	Hanco		DATE OF DEATH	Month 3	Da Da	
Male White	CE 7. MARRIE	D NEVER MARRIED 1	B. DATE OF BIRTI		9. AG	birthday)	Months Days	Hours Min
100. USUAL OCCUPATION (Give kind of w during most of working life, even if ret	ork dane 10b. KI			<i>a</i>		0 711	12, CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME				Aland MAM	IE .		U_S	A
Daniel Ritter Hanco				Jean H	unt			
IS. WAS DECEASED EVER IN U. S. ARMED [Yes, no, or unknown]		OCIAL SECURITY NO.	Rosewood	Record	S	Addre	\$\$	
Conditions, if any, which gove rise to immediate couse (0), stoting the under-lying cause last.	(c)	-coix nicati				DITION GIVE	4 :	sp. sinc yrs. of P. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT C	20b. DESCR	NBE HOW INJURY OCCURE	RED. (Enter nature o	f injury in Port	I or Port II of	item 18.)		YES NO E
20c TIME OF INJURY Month, Doy, Hour o m. p. m.	While		PLACE OF INJURY (I octory, street, affice		20f. (City or tov	vn)	(County)	(Stote
21. I certify that I attended alive an 3/9/60  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J. Pappas	19 pour	d fram. 8/11,/59, and that deal		LO: OOam,	fram the c	auses and	l an the date	the decease stated above DATE SIGNE 3/9/60-
Burial, Cremation, 226. Date the	REOF 1960	22c. NAME OF CEMETERY Oak Lawn	OR CREMATORY	E	d. LOCATION (	n Ave	. 24.	(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D B'			RAR'S SIGNATUR	
John J. Duda 792:	2 Wise	Avenue 22,	Md.	DATEMAR 1	1 4 '60	Chi	hur S. Have	4



## by the funeral director, d 2 should be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 72 hours after death the attending physician and in any event within ertificate has been signed by ar remayol, and as the burial-transit RAL DIRECTOR: After should be detached for 0

1. PLACE OF o. COUNT b. CITY OR RUMALO d. NAME C OR INST

NAME OF DECEASED (Type or pr 5. SEX

Ma] 10a USUAL O

STE STE

13. FATHER'S

15. WAS DECE (Yet no No unin

18. CAUS

Conditi gove r couse (o

lying ca

NAME (Type)

	MENT OF HEALTH—BALTIMORE, 18
2895 CERTIFIC	CATE OF DEATH  Reg. Dist. No.
Baltimere Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore 22
FHOSPITAL (If not in hospitol, give street oddress) ITUTION 1501 Bethlehem Ave.	#. STREET ADDRESS 1501 Bethlehem Ave.  o. IS RESIDENCE ON A FARMAY YES □ NO □
BENJAMIN BROOKS	HARRISON 4. DATE March 27, Doy Year 60
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED	8. DATE OF SIRTH April 10,1879  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Days   Haurs   Min.
CCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR INDI	
Benjamin Franklin Harris	on Martha Jane Hunt
ASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Leonard R. Harrison - Same as # 4
RY 1. DEATH (Enter only one couse per line for (o), (b), and (c).)  RY 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nomatosis. Interval setween onset and death
ons, if ony, which) DUE TO CANCE!	r Prostate gland 3400
se to ammediate , storing the under buse lost.  DUE TO  ACTUM	selles 34s.
HT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or tawn) (Stote) (County) factory, street, office bldg., etc ) Hour o.m. While Not while of work of work **60**that I last saw the deceased 21. I certify that I attended the deceased from 370P.M. from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED Dundalk Ave. ACTUAL SIGNATURE Baltimore 22, Maryland David H. Andrew, M.D. PHYSICIAN'S

220 BURIAL CREMATION, 22b. DATE THEREOF 3-30-60 23. FUNERAL DIRECTOR'S SIGNATURE

walter Brooks Bradley, Inc.

22c. NAME OF CEMETERY OF CREMATORY
Oak Lawn Cometory

Baltimore County Md.

ADDRESS Dundalk 22, Md

24o. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE Circlian S. Kroug



arthur S. Kraus

MAR 1 5 '60

in 72 hours ofter death.

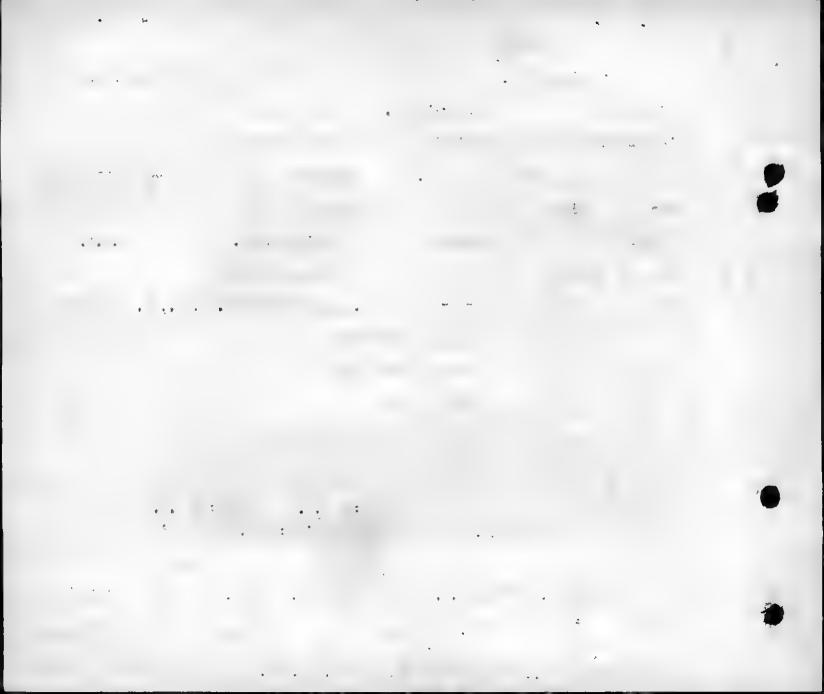
ertificate has been signed by the ottending physician and comp

Then pleose remove corban pope

COOK-BLIGHT, INC., 6009

2982 CERTIFICATE OF DEATH	
1 PLACE OF DEATH a. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Reside do. STATE have been been been been been been been be	nce before admission)
b. CITY OR TOWN (If outside carparate limits, write   c LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside carparate limits, write RURAL and	give nearest tawn)
Fort Howard 13 3/4 hrs. X Bradshaw	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Veterans Administration Hospital  Bradshaw Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE Manth	Day Year
DECEASED OF	11 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9 AGE (In years If UNDE	R 1 YEAR IF UNDER 24 H
Male White WIDOWED DIVORCED 1/16/92 last birthday) 67 yrs.	Days Hours Min
10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.CI	TIZEN OF WHAT COUNT
during most of working life, even if retired)  Laborer  Brewery  Baltimore, Md.	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U-Dawa.
Alphonse Hartman Margaret Biel	
15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Yes WW I 216-05-4207 Clin. RecordsVAH, Balto 18, Md. Ft. H	or a mail Del med and a
1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
BART I BEITI WIE CHICED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) CEREBRAL INFARCTION  3 3 - X DUE TO	
Canditions, if any, which by CPREBRAL THROMBOSIS  gave rise to immediate (b)	
cause (a), stating the under-	
	PT 1/2 19 WAS ALITOP
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES IN NO
20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
Water Bridge	(Caunty) (Sto
Haur a m. While Nat while factory, street, affice bldg, etc.)	(casiny)
21 I certify that the control of the deceased from March 1960 to March 11 1960	50, that 🗯 (we) lo
saw the deceased alive an March 11, 19 60, and that death accurred 49:00, from the causes and an ti	
220 SIGNATURE ATTENDING MED STAFF	22b DATE
Mrb. PHYS DIRECTOR PHYS	
22c PHYSICIAN'S COM 22d. ADDRESS	
22c PHYSICIAN'S 22d. ADDRESS	
22c PHYSICIAN'S NAME (TYPE JAMES R. PONDIR M.D. VAH Ft. HOWARD, MARY LENGTH PROPERTY OF CREMATORY 23d LOCATION (City, fown, or county)	3/12/60
JAMES R. PONDER, M.D. VAH Ft. Howard, Maryland	3/12/60 (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n merity a refouned by the hospital or attending physicion (RAL DIRECTOR: After perificate has been signed by the attending physic page? 3 should be detached for the burial-transity permit. Then please remove the State Board of Health prior to burial, cremation, or removal, and in any superiments. 2 VR A15 [4] 15M 9/59

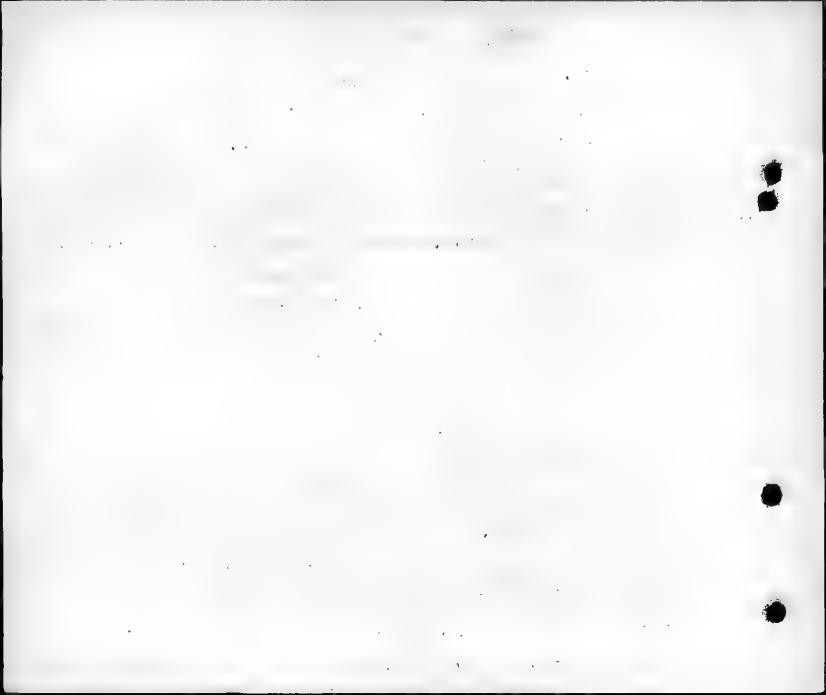


## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2023 CERTIFICATE OF DEATH 02951

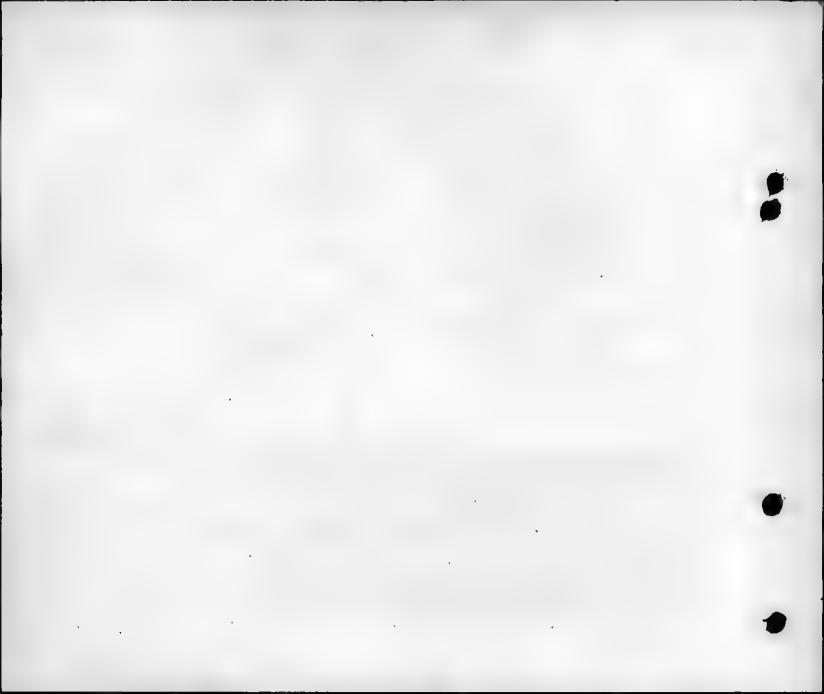
17900	OEKIII TO		Reg. Dist. No.
1. PLACE OF DEATH			d. If institution. Residence before admission)
Baltimore	MARYLAND		b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		imits, write RURAL and give nearest tawn)
	/ wks.	XBaltimore	
d. NAME OF HOSPITAL (If not in hospital, give street	1 1	J d STREET ADDRESS	e 15 RESIDENCE
	ng Home	2425 Diana Rd. #9	ON A FARM? YES Y NO
3. NAME OF DECEASED (Type or print)	'5 Middle // A	RTZ 4. DATE OF DEATH	March 9 Day Year
5. SEX 6. COLOR OR RACE 7. MAR	RIED X NEVER MARRIED [	B. DATE OF BIRTH 9 A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS st birthday) Months Days Hours Min.
Male White WIDOW	VED DIVORCED ]		60 yrs Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b.	. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or foreign country	
	adies Ready Wea	r Baltimore, Md.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Moses Hartz		Lena Sugar	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	. SOCIAL SECURITY NO. IN	FORMANT	Address
(1. Jee' Bind and of detail of details	Mr	s. Miriam Hartz Sa	me
18. CAUSE OF DEATH [Enter only one couse per I	ine for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Dupeneph	roma with much	file Jun.
180 × DUE TO	Imetast	ases 1	
Conditions, if ony, which (b)			
couse (a), stating the under-			
lying couse last. (c)			
PART 11. OTHER SIGNIFICANT CONDITIONS	0	•	ND TION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
3 Coronar	· · · · · · · · · · · · · · · · · · ·		YES NO 🔀
	STRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port I or Port II of	Fitem 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d.			own) (Caunty) (State)
Hour a.m. 19 White	a IADI WIIII	rory, street, office blog., etc.)	
	end from 1942	10 10 3/9	1969, that I last saw the deceased
0/8		11/4	causes and an the date stated above
dive on, 121			city or town, state) _ DATE SIGNED
SIGNATURE MILES (C)	25 m.	1.D. 2370 Eux	12WPC
PHYSICIAN'S Milton B. Kirs	sh, M.D.		
	22c. NAME OF CEMETERY OF	CREMATORY 22d LOCATION	(City, town, or county) (Stote)
Burial 3/10/60.	Hebrew Frie	ndship Balt	imore, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
Sol Levinson & Bros. Inc	. 6010 Reist. I	PAMAR 1 1 '60	Orthug & Krant
	December 1. Place of Death a County Baltimore  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Garrison  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Foxleigh Nursi  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MAR  Male  White  WIDOW  13. FATHER'S NAME  MOSES HARTZ  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give wer or dotes of service)  18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITIONS  CONDITIONS  200. ACCIDENT WAS UNDERLYING DUE TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CONDITIONS  200. TIME OF INJURY Month, Doy, Year 20d. While of work done on the couse (a) the couse (b) the couse (b) the couse (c) th	1. PLACE OF DEATH a COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest fown) Garrison d. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION Foxleigh Nursing Home  3. NAME OF HOSPITAL (If nat in hospital, give street oddress) OR INSTITUTION Foxleigh Nursing Home  3. NAME OF DECEASED (Iype or print) C. COLOR OR RACE First Male White WIDOWED DIVORCED DIVORCED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTEREST NAME  MOSES HARTZ  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTEREST NAME  MOSES HARTZ  15. WAS DECEASED EVER IN U. S. ARMED FORCES? INMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (IF CITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING DUE TO CONTRIBUTING CAUSE OF DEATH (IF CITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  220. BURIAL CREMATION, REMOVAL (Specify) BUT 12.  220. BURIAL CREMATION, REMOVAL (Specify) BUT 12.  220. BURIAL CREMATION, REMOVAL (Specify) BUT 12.  220. ACCIDENT WAS LONDER THEREOF SALVER OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  220. MARE OF CEMETERY OR REMOVAL (Specify) BUT 12.  221. REMOVAL (Specify) BUT 12.  222. NAME OF CEMETERY OR REMOVAL (Specify) BUT 12.  223. NAME OF CEMETERY OR REMOVAL (Specify) BUT 12.  224. NAME OF CEMETERY OR REMOVAL (Specify) BUT 12.  225. DATE THEREOF BUT	1. PLACE OF DEATH a COUNTY Baltimore    Death   County   Baltimore   County   Baltimore   County   Baltimore   County   Baltimore   County   County

TO PE VS A15 (4) 15M 9/5B



2984 **CERTIFICATE OF DEATH** Reg. Dist. No.4 2 : N director, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY be fitted **b** COUNTY MARYLAND funeral b. CIPPOR JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL part give nebpest lown) ploods d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? DONDALO YES T NO Z 3. NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 19 6 0 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED 9. AGE (in years lost birthday] Months Days WIDOWED | DIVORCED | yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY death. during mast of working life, even if retired) 770050 WILL 715 A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address AUCK 1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH mos DUE TO Conditions, if ony, which (b) gave rise to immediate DHE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TI NO I 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED\_(Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour O. m Not white at work or work p, m ottended the deceased fram. 1960 that I last saw the deceased and that death accurred at '900 P. M. fram the causes and an the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S 9005 HARTORD NAME (Type) POPIAL CREMATION, 22b. DATE THEREOF 22c NAME OF REMETERY OR CREMATORY 22d. LOCATION (City, town, or county) KW00 d 23. FUNERAL DIRECTOR'S SIGNATURE ADORES5 240 REC'D BY REGISTRAR **24b. REGISTRAR'S SIGNATURE** VS A15 (4) Cirching S. Hraus APR 5 DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		Item 18 Film 262 5-1 MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.4910
HEALTH DEP	$\mathbf{L}_1$	1. PLACE OF DEATH    2. USUAL RESIDENCE [Where decessed fived, if institution: Residence before admission and the state of
भूति हैं विक्रिक		Baltimore Maryland b. COUNTY Baltimore
Hea	M	b. CITY OR TOWN (if outside corporate f.mirs, c. LENGTH OF STAY IN 1b c. C.TY OR TOWN (if outside corporate limits, write RURAL and give neerest rown)
acto your	i	write RURAL end give neerest town)
for y		d. NAME OF HOSP.TAL OR INSTITUTION (.f not in hospital, g ve street eddress)  d. STREET ADDRESS  e. IS RESIDEN ON A FARI
deligente	^	Rt. 40 - Big Gunpowder Falls Road Rt. 40 - Big Gunpowder Falls Rd. YES NO
Sta Sta		3. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED
ther the		(Type or print) IRENE HAYNES DEATH March 28 19 60
with		5. SEX  6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH  9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HR lest birthdey) Months Deys Hours , Mun.
d 2 w		Female WIDOWED DIVORCED DIVORCED 100 USUAL OCCUPATION (GIV. And J. Work 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
11, 11, 21, 21, 21, 21, 21, 21, 21, 21,		done during most of working life, even if rehred)
ages 3. P. Spin		13. FATHER'S NAME 14. MOTHER'S MA, DEN NAME
ive Pag ive Pag i PM3. le page it withi		
古の 音に 夏/		WAS DICHOUSE IN U.S. ARMED TORCES?   16 SOC AL SECURITY NO. 17. INFORMANT Address
ited will with for permit.		(Yes, no, or unkawn) (If yesgine were detecofservice)  Wrs. Lizabeth Murdock 244 Exeter St.
Culter Name of the Party of the	J	18. CRUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c).]
exe cil ir slon alon and		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pneumonia
d bence self		493 X DUE TO
Per Car		Conditions, if eny, which (b)
ing ing state of the state of t		(e), stelling the underlying DUE TO
fica pend amin sed n, o		Cause last (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19. WAS ALTOPS
Cert rd " Ex	7	PERFORMED?
Volument of the state of the st		YES NO YES AND
Short short		Z PRIMARY OF CONTRIBUTING C CAUSE OF DEATH.
niet furi		3 20c. TIME OF INJURY Month, Day, Yeer   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (State)
Pag of T		20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, Port While   Not While   Not While   Not While   et work   e
Cala the Color of the Prior		21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection , Inquiry , and in my opinion
K E B D t		death resulted from: Natural ceuses . Accident . Suicide . Homicide . Undetermined menner
17 × 5 H		CHIEF MEDICAL EXAMINER
Mate to the trop of the date o	1	SIGNATURE ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
OUTY MESSEULE IN WILL BE forw	04	EXAMINER'S CONTRACT S POLITIC M D DEPUTY MEDICAL EXAMINER 3/29/60
		NAME (Type) Charles S. Petty, M. D. Address (Street, city, town, or county)  226. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country) (Stets)
0 12 4 0 2 of 5 5 15		Burial 3-10-60 Mt. Auburn Westport Md
H H		23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59		Aolphus Halstead 918 Druid Hill Ave.   DATEAPR 1 1 '60 Onthur & Hunt



02952

e. IS RESIDENCE

Days

U.S.A.

WITERVAL BETWEEN ONSE AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(State)

arthur & Kraus

DATE MAR 2 8 '60

ON A FARM?

YES NO TO

Year

19 60

2986 **CERTIFICATE OF DEATH** Rea. Dist. No. Wit director PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. COUNTY o. STATE filed **b. COUNTY** ALTIMORE MARYLAND funeral c LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) shauld BALTIMORE SALTIMORE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION > 20 DCEWOOD AVE. EDGEWOOD 5 4. DATE OF NAME OF Middle Last DECEASED (Type or print) MON 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED A DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SSACHU SETTS RINTER and 13. FATHER'S NAME after physician LICE MAR ATSON LERED hours emave WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT 22 attending please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), fild (c) ] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which (b) Bued gove rise to immediate **DUE TO** couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CÓMOT GIVEN IN PART 1(o) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year (County) factory, street, office-bldg, etc.) Hour o. m While Not while of work of work 195 1900that I last sow the deceased 21. I certify that 0 oftended the deceased from and that deoth occurred at/A olive on \_M, from the causes and on the date stated obove DIRECTOR: ADDRESS (Street, city of towny state) ACTUAL SIGNATURE ъ PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) **PEMOVAL** (Specify) OAK 0 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTORS SIGNATUR ADDRESS 24a, REC'D BY REGISTRAR

334

VS A15 (4) 15M 9/58

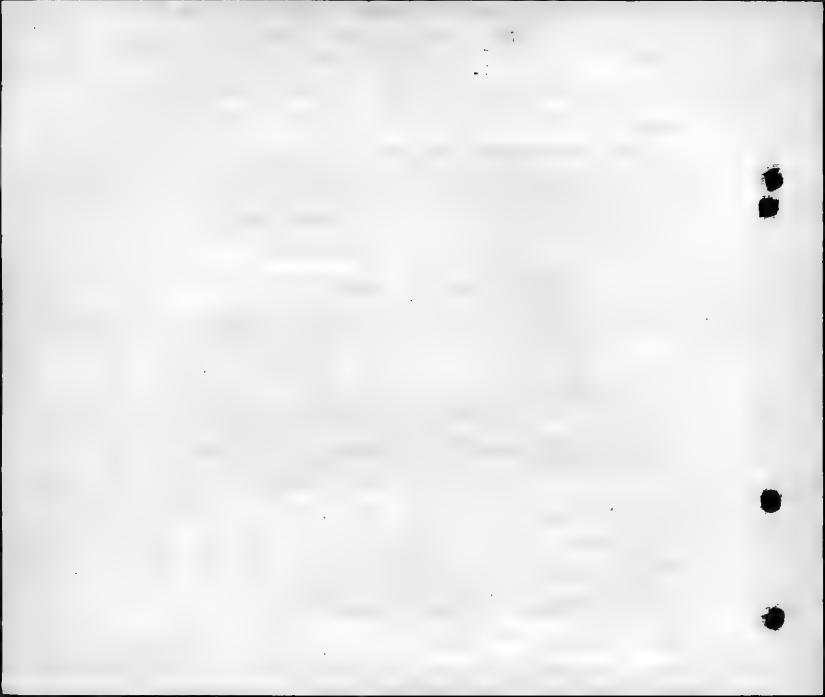


VS A15 (4) 15M 9/55 M

02953

Ren. Dist. No.

									Keg. Dist. 14	9.
1	3.	PLACE OF DEATH o. COUNTY	370		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	lived. If instituti b. COUNTY		ore admission)
		b. CITY OR TOWN RURAL and give r		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write R	URAL and give n	earest town)
×,			TAL (If not in hospital, g	ive street (	L	d. STREET ADDRES	s MA	yns.	Aux	e. IS RESIDENCE ON A FARM? YES NO A
		NAME OF DECEASED (Type or print)	. lihr		Middle A	He A Ly	4. DATE OF DEATH	NIA	File I	Pay Yeor 19 6 v
	5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		9. AGE (In years lost birthday)  73 yrs	Months Doys	R IF UNDER 24 HRS. Hours Min.
	100	porting most of wo	ON (Give kind of work thing life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (S	lete or foreign co	untry)	12. CITIZEN	OF WHAT COUNTRY?
	13.	FATHER'S NAME	ck t	PEA	· L <sub>1</sub> ,	34. MOTHER'S MAID	EN NAME	ret	CRO.	RIN
		WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. 17.	MEDITAM ES	E He	AL. Add	ress	AMC
0	MEDICAL CERTIFICATION	Conditions, if a gove rise to cotte (a), storing lying couse lost 200. ACCIDENT W OR CONTRIBUTINI (IF EITHER, NOTIF)  20c. TIME OF INJU Hour o. m. p. m.	immediate   the under-   DUE TO	DIJJONS C 20b. DESC 20b. DESC ar 20d. In White at world	CONTRIBUTING TO DEATH BE CONTRIBE HOW INJURY OCCURRED 20e.  MOT While of work and from.	PLACE OF INJURY (Home, foctory, street, office-bldg.)	y in Port I or Port fram, 20f. (City, etc.)	or fown)  11 of item 18)  or fown)	ENINPART-1(a)  Chat I last and on the de	PERFORMED? YES NO
1	220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	RANK ON 226. DATE THERECO	//_ Z	ASIK MA	M.D. 9005 R.A.L.	HARF TO !	ION (City, Jownson)	MS	Signe)
***	23.	FUMERAL DIRECTOR	2/ 00	+ So	ADDRESS / 8802 HA	1 1 101	REC'D BY REGISTI		STRAR'S SIGNATI Lihua S. Kra	



VS A15 (4) 15M 10/57

ARYLAND S	STATE DEP	ARTMENT	OF HEALTH-	-BALTIMORE,	18
				•	

CERTIFICATE OF DEATH

M

000-

02954

1	2988 CERTIFICATE OF DEATH								Reg. Dist. No.				
/	1. PLACE OF DEATH o. COUNTY	-				2. USUAL R		ere deceased	lived. If instituti			mission)	_
		Baltimore MARYLAND				Md. Balto.							
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Catonsville				TAY IN Th	c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)							
	d NAME OF HOSP.	d NAME OF HOSP,TAL (If not in haspital, give street address)					T ADDRESS	V 4 -4	10		a IS	RESIDENCE	
	OR INSTITUTION	or institution 4 Payson Ave.					4 Payson Ave.				0	N A FARM?	<u>J</u>
	3 NAME OF DECEASED	Fir	First		Middle		Lost	4. DATE OF	Mor	ıth	Day	Year	
	(Type or print)	Mary		R.	H	efner		DEATH	Mar	ch	9.	19 6	0
\	5. SEX	6. COLOR OR RACE	7- MARRI	ED NEVER MA	ARRIED	8 DATE OF B	RTH		9. AGE (In years		TYEAR IF U	NDER 24 HR	5.
3	F	W	WIDOWE	D NO	RCED 🔲	Dec.	9,188	5	10st birthdoy)	Months	Days Ho	urs Min	
/	10o. USUAL OCCUPATION	ON (Give kind of work a	done 10b. 1	KIND OF BUSINE	SS OR INDUS	TRY 11 BIRTI				II2. CITI	ZEN OF W	HAT COUNT	PY
	Houseke	ring lite, even it tellist	1	Home			Md.	•	**				
	13. FATHER'S NAME	cher		пош	3	14 MOTHE	R'S MAIDEN N	AAAE					_
		Tohn Gr	4 22 4	300									
		John Gr					nna K	veTT					
	15 WAS DECEASED EVE	If yes, give wer or doles of s	CES?  16. S	SOCIAL SECURITY	NO. 17. H	VFORMANT			Add	ress			
					M:	r. Lou	is G.	Hefr	ier <b>5</b> Pa	ayson	Ave	•	
)	IB. CAUSE OF DEA	ATH [Enter only one co	use par lin	e for (o), (b), and	(c).]	0	9	1 /			INTERVA	ND DEATH	
	PART I. DEA	TH WAS CAUSED BY:	1		U	rongi	1 01	mbolis	lm		ONSETIA	ND DEATH	
	1 4a	DUE TO				7	1.	/1	-/			100	-
	Conditions, if a	ny, which }	ı		9	uricul	ar F	Jeco	mpensu	tim	4	mos	-{
	cause (a), stating lying cause last.				1	Lyper	-tensi	رسن ا	/		2	4rs	7
	CATI										PE	RFORMED?	
	20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJUR	Y OCCURRED	). (Enter noture	of injury in P	ort I or Port	II of item 18.)				
			20-1 151	JURY OCCURRED	20- BL	CE OF INIUE	V 114 (	Ont water					
	20c. TIME OF INJUR Hour o. m.		While	Not while	foc	tory, street, of	Y (Hame, form, fice bldg., etc.)	20r (City	or town)	(C	ounty)	(Stole	)
	₹ p.m.	19	of work	at work		/		1	,				
	21. I certify that I attended the deceased from 2.4, 1957, to 3.4, 1960, that I last saw the deceased												
	ative an	J1 8	196	$Q_{-}$ and the	hat death	accurred a	1514	M. from					
	alive an, and that death accurred at 50 M, from the causes and an the date stated above												
	SIGNATURE OCOTTE Co Whan M.D. 805 Frederick Gre 28/W 3.9.60												
	PHYSICIAN'S GRAME E. URBAN												
	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF							22d. LOCAT	ION (City, town, o	or county)	(:	Slole)	
	Burial (Specify)	3-12-6	0	Cathe	dral	Cem.			Balto.		Md.		
	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'D	BY REGISTI		STRAR'S SIG			-
	Farley F	unenal Ha	ma	Catons	sville	e . Md .	DATE MA			views &.			

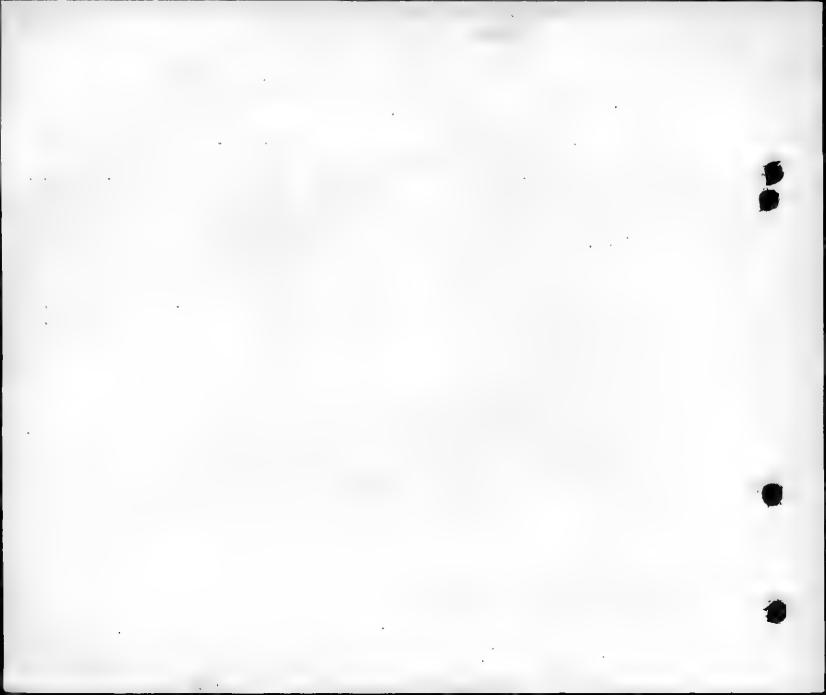


TO F VS A1S (4) 1SM 9/58 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2989

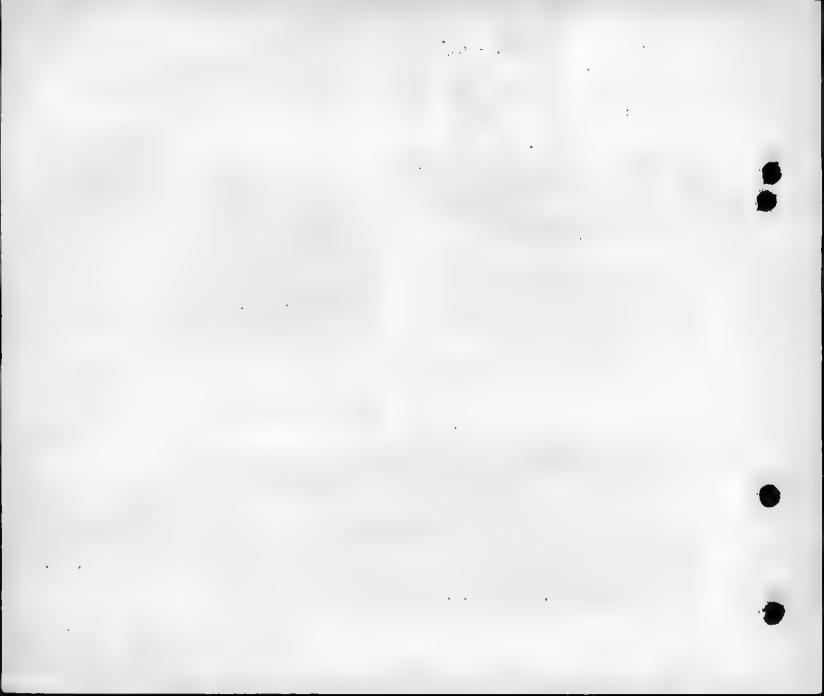
**CERTIFICATE OF DEATH** 

02955 Den Dict No.

L.								Keg. Dist. I	70.		
1.	PLACE OF DEATH D. COUNTY	BALTIMORE	MARYLAN	aryland 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence of STATE MARYLAND b. COUNTY BALT				BALTI			
	RURAL and give			b	c CITY OR TOWN (IF ou			JRAL and give	nearest tawn)		
		CUSVILLE	58 yrs.	1.5	) L	CATONS	SVILLE				
	OR INSTITUTION	MT. DE SALE	· ·		street address MT. Di	E SALES	S ACADEM	ΙΥ	e. IS RESIDENCE ON A FARM? YES NO L		
3.	NAME OF DECEASED (Type or print) SISTER MARY C		Middle LEOPHAS HENNESS		Lost	4. DATE Month OF DEATH MARCH		RCH 10,	Day Year 1960.		
5.	SEX FEMALE	6. COLOR OR RACE 7. MAS WIDOV			UNE 10, 187.	1. 9	AGE (In years last birthday)	IF UNDER 1 YE Manths Day	AR IF UNDER 24 HR 's Hours Min.		
10	O USUAL OCCUPAT	ION (Give kind of work done 10b		IDUSTRY		_	itry)	12. CITIZEN	OF WHAT COUNTRY		
L	SIS		RELIGIOUS		IRELA	ND			U.S.A.		
13	B. FATHER'S NAME	THOMAS HE	MMECCV	14 MOTHER'S MAIDEN NAME			TT TO A DE	LIZABETH DOYLE			
1	WILL DECEMENS			IN ISON	A444W				ILE		
100	NO NO	/ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	NONE NONE						E 28, MD.		
Γ	1	EATH [Enter only and cause per l		4			<b>a</b>	0	NTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: ARteriosclerofic CARDIO VASCULAR DISEASE										
	4 72, / DUE TO										
	Canditions, if gove rise to	immediate									
	lying cause lost	couse (o), stoling the under- lying couse lost.    DUE TO									
CERTIFICATION	PART II. O	THER SIGNIFICANT CONDITIONS PHEUMON		BUT NOT	RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1(o	PERFORMED?  YES NO		
	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
ICAL	England stands					INJURY (Hame, farm, 20f. (City or tawn) (County) (State bldg., etc.)					
MFD	p. m.	Hour a. m. While Not while pt work of work of work									
	21. I certify that I attended the deceased fram Feb. IC, 1960, to MARCH 10, 1960, that I last saw the decease										
	alive an MARCH 10, 1960, and that death accurred at 11.55PM, from the causes and an the date stated above										
	ACTUAL SIGNATURE	Davis 6	lg acte	M.D.	3603 E		et, city or lawn, :		DATE SIGNE		
	PHYSICIAN'S NAME (Type)	DARIO 1	JUARTE		BALTIA						
22	REMOVAL (Specif	1	22c NAME OF CEMETER O MT. DESALE				IN (City, town, o	,,	(State)		
23	FUNERAL DIRECTO	1	ADDRESS A	- 41	240. REC'D	BY REGISTRA	R 24b, REGIS	TRAR'S SIGNA	TURE		
1	aston	Sond, Kato	nsville 2	8,1	and. DATE		30				







	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
\	2910 CERTIFICATE	OF DEATH Reg. Dist. No. (12958									
)	1 PLACE OF DEATH Baltimore MARYLAND 2 US	STATE Maryland b. COUNTY Ballimore									
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)									
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION 2 3 0 Main S/	STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \text{P} \)									
	3. NAME OF DECEASED (Type or print) Mary Sugma	Hiller OF DEATH Manth Day Year 12 1960									
		OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.									
	10a USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)  None	BIRTHPLACE (State or foreign country). 12. CITIZEN OF WHAT COUNTRY?									
1	13. FATHER'S NAME Pitter	nother's Maidentiane J. Hosper									
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	illem Hilton 718 Belgian are Cit									
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Bronchopen	INTERVAL BETWEEN (ONSET AND DEATH									
	Condition if any white)										
	gave rise to immediate couse (a), stoling the under.  Tying couse last.	isclerosis									
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO IN									
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19 of wark of wark	INJURY (Home, farm, 20f. (City or town) (County) (State)									
	21. I certify that I attended the deceased fram march &.										
	ACTUAL A	ADDRESS (Street, city or lown, stote)  ADDRESS (Street, city or lown, stote)  DATE SIGNED									
/	PHYSICIAN'S George C. Medairy M.D.	Risterston Ind									
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREM BURIAL Specify March 15.60 All Saints Co										
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  J.F. Eline & Sons Reisterstown, Md.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									
	- 44 47-4900 C PAND 1007 DOAD 1140	DATE MAR 15'60   Clather & House									



VS A15 (4) 15M 9/58

		_	ID STATE DEPAR	TMENT OF HE	ALTH—BAL1	IMORE, 1	8	0295	50			
		299	2 CERTIF	ICATE OF DI	ATH		Reg. Dist. N	_	) ij			
	PLACE OF DEATH	LTIMORE	MARYLA	a. STATE	NCE (Where deceased	lived, If institution b. COUNTY	Residence bel	ore admission)				
Ŧ	RURAL and give ne	autside carporote limits, wr arest town)	C. LENGTH OF STAY IN	116 c. CITY OR TO	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITA	AL (If not in hospital, give st	reet oddress)	d. STREET ADI	PRESS	AVE.		o is reside On A FA YES M	RM?			
	NAME OF DECEASED (Type or print)	HENEY	Middle	HAESTET	4. DATE OF DEATH	Month	SH I	Yeol	60			
5. 5	A C		MARRIED NEVER MARRIED		1870	9. AGE (In years last birthday)	Months Days	-	4 HRS Min			
	during most of work	ing life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLAC	E (Stole or foreign co	untry)		F WHAT COU	NTRY?			
13.	FATHER'S NAME			14 MOTHER'S M	AIDEN NAME	, , , , , , , , , , , , , , , , , , ,	10.					
		IN U. S. ARMED FORCES? If yes, give war or dates of service	16 SOCIAL SECURITY NO.	INFORMANT	T Herst	Addre		WALTO	ξ. . F.			
		TH [Enter only one coust of the	er line for (o), (b), and (c).	a 7 Pro	stalp	C		TERVAL BETW ISET AND DE				
	Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last.  DUE TO CATELON OF THE TO SELENDER HEAT DEASE											
CERTIF CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THATH AND CONTRIBUTING TO THATH AND CONDITION OF PART I(a) 19 WAS AUTOPSY PERFORMED?  YES NO Z											
EDICA1	20c TIME OF INJURY Hour o.m.	w	od INJURY OCCURRED 20 hile Not while	PLACE OF INJURY (Ho foctory, street, office b		or fown)	(County	')	(State)			

MEDICAL 20c TIME Hour that I last saw the deceased 21. I certify, that I attended the deceased from 4 DAM, from the causes and an the date stated above. that death accurred at and ADDRESS (Street, city or town, state) ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

こいかいべい 23. FUNERAL DIRECTOR'S SIGNÁTURE **ADDRESS** 24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE **DATEMAR 1 6 '60** arthur S. Krous

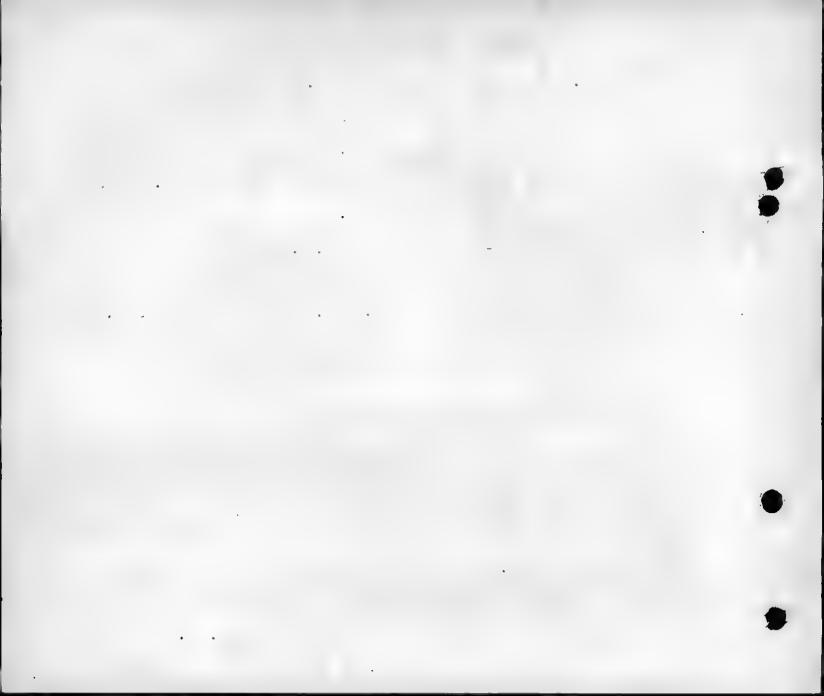
(Stote)

MARYLAND



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02961

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	d. COUNTY	ALTIMORE	MAI	2. RYLAND	USUAL RESIDENCE a. STATE NEW	(Where deceased live VoRK	d. If institution: Restd b. COUNTY	ence befare ada	missian)
ſ	b. CITY OR TOWN	7' 1 117	1 1 /	-1 1	C. CITY OR TOWN	(If autside carporate I	imits, write RURAL and	give nearest f	awn)
ŀ	d. NAME OF HOS	SPITAL (If not in hospital, giv	e street address)	123	d. STREET ADDRES	111611	TYTST		RESIDENCE N A FARM?
	OK 11131110110	7903 EI	9STDALE 1	ED, .	(7903)	EASTU.	9LE RD		□ NO IZ
4.5	NAME OF DECEASED (Type or print)	GEORG	Midd C.	ie H	OL ME	4. DATE OF DEATH	Manth -	2 7	19 6 0
	EEMAL.	LATIZ	MARRIED NEVER MARI		ATE OF BIRTH	1884 3.4	GE (In years st birthday)  Manths  75  Yrs.	Days Hau	
	during most af w	ATION (Give kind af wark do varking life, even if retired) SEMBLY LINE	BELLAIC C	OR INDUSTRY	11. BIRTHPLACE (S		12.0	U.S.	
-	3. FATHER'S NAME			1	I. MOTHER'S MAID	-			
			CARR		HARR.	167 0	A01050,	2	
	(Yes, no, or unknown)	(If yes, give wor or dates of sen	ES? 16. SOCIAL SECURITY N			NHAMBLE	76N 79	03 EAS	TDALE
Ē		•	se per line far (a), (b), and (a	J-]	~ .				L BETWEEN ND DEATH
	PART I, I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Corena	my (	De chusin				
	44	DUE TO		0		the Hoout	0.		
	Canditions, it		ity perleng	ال والمار	1000 3 000	and Choice	Acts 67-0		
	cause (a), stati	ing the under- DUE TO	`						
	Z PART II. 6		ITIONS CONTRIBUTING TO D	FATH BUT NO	T RELATED TO THE TI	FRMINAL DISEASE CO	NDITION GIVEN IN P.	ART 1(c) 19 W	AS ALTOPSY
	S S S S S S S S S S S S S S S S S S S		THOMS CONTRIBUTION OF THE		T KEESTED TO THE TO	ERITHIAL DISEASE CO	NEW OFFICE ACT	PE	REORMED?
		WAS UNDERLYING DING CAUSE OF DEATH IFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURRED. (E	nter nature of injury	in Part I or Part II a	item 18.)		
	20c. TIME OF IN.	JURY Month, Day, Year m. 19	While Not while		OF INJURY (Hame, , street, affice bldg.,	farm, 20f. (City or to	awa)	(Caunty)	(State)
		m	at wark at wark	<u> </u>	26.16				
			attended the decease	d 11 d111,		1960 to	0 3 1013	, that (i he date stat	
	220 SIGNATORE		Len	M.D	ATTENDING .		AFF		226 DATE SIGNED
	22c PHYSIC AN NAME (Type	JANUEL F	DE LEON	M .D.	22d ADDRESS 784-6		aue- Bo	et 24,	me.
14.	23g. BURIAL, CREMA REMOVAL (Spec	TION, 236. DATE THEREOF	1 1 mm	METERY OF C	<i>J</i>	23d. LOCATION	(City, tawn, ar caunty		State) YORK
1	FUNERAL DIRECT		SUSEASE NO.			REC'D BY REGISTRAR	256. REGISTRAR'S		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



the funeral should be fi With death certificate be executed pup B/ physician guipus VS A15 (4)

15M 10/57

director, iled with

Fled

a COUNTY

NAME OF

5. SEX

CATION

MEDICAL

alive on

Burial

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION.

DECEASED

(Type or print)

Female

No

Mt. Zion Baptist 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 802 Madison Avenue

22c. NAME OF CEMETERY OR CREMATORY

22b DATE THEREOF

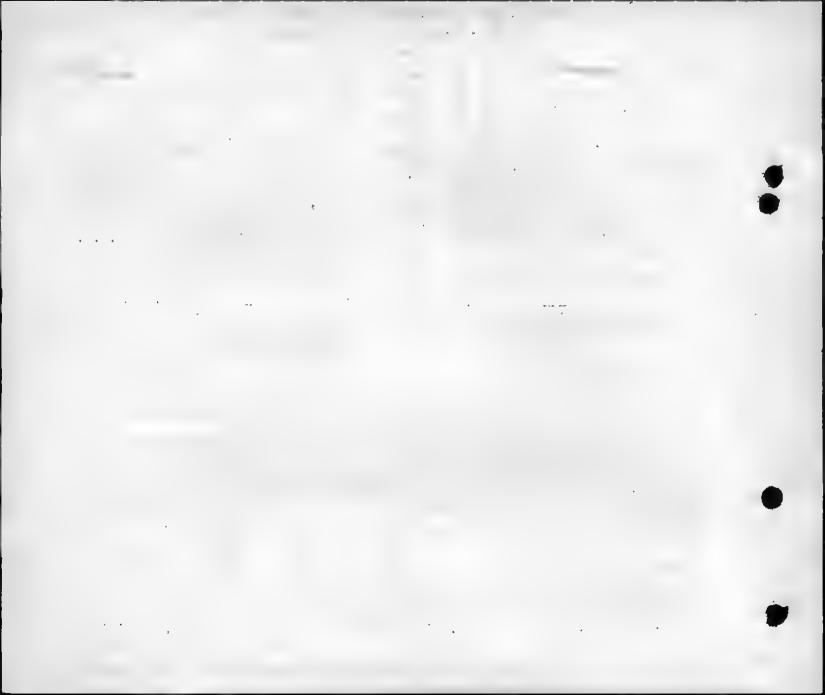
3-15-60

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

LOCATION (City, town, or county)

Warrington, Virginia

(State)



arthur S. Hrand

V5 A15 (4) 15M 9/SB

DIRECTOR:

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VR A1S (4) 15M 9/59

MARYLAND	STATE	<b>DEPARTMENT</b>	<b>OF</b>	HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS BA	ALTIM	ORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

DIVISI

02965

L	2997 CERTIFICATE OF DEATH											
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)										
	O. COUNTY BALTIMORE MARYLAND	a. STATE MARYLAND 6. COUNTY										
	b. CITY OR TOWN (if outside corporate l'mits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	COCKEYSUILLE 23 MONTHS	BALTIMORE V' +										
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS • IS RESIDENCE ON A FARM?										
	MASONIC HOME	5206 FERN PARK AUUE YES NO										
3.	NAME OF First Middle DECEASED . Middle	Lost 4. DATE Month Day Year										
	(Type or print) WILBUR E	JOHNSON DEATH MARCH 13 1960										
5.		B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours Min										
	MALE WIDOWED DIVORCED	11-8-1889 70 11										
104	b. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS- during most of working life, even if retired)											
	CONDUCTOR RAILROAD	WILLIAM D										
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME										
1	GEORGE W. JOHNSON	FORMANT Address										
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 16. no, or unknown) (If yes, give war or doles of service) 709-105339	Frank & Smith J Cockeywille Mr										
-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	1 TUTERVAL BETWEEN ONSET AND DEATH										
	PART I DEATH WAS CAUSED BY. anterio Delicate Cardes											
	H A DUE TO	7										
	Conditions, if ony, which ) (b) Vascular	Dillare 2 years										
	gove rise to immediate couse (o), stoting the under-	/										
_	lying couse lost. (c)											
. ģ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
, FIG	20. ACC BOAT WAS INDEPENDED TO DAY DESCRIPT UPW ACCURATION	YES NO										
L CERTIFICATION	206 ACC-DENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature af injury in Port I or Port II of item 18.)										
MEDICAL		ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ctory, street, office bldg , etc.)										
ME	Haur a. m. 19 While Not white of work of work											
	21. I certify that (I) (this haspital) attended the deceased fram	4-16 1951 to 3-13 , 1960, that (1) (we) last										
	saw the deceased alive an 3-13 1960, and that d	leath occurred at 2017, fram the causes and an the date stated above.										
	220 SIGNATURE haller /- les	ATTENDING MED DIRECTOR IN PHYS 1 3/3/60										
	22c PHYSICIAN'S	22d ADDRESS										
	NAME (Type) WALTER T KEES	COCKETSVILLE MD										
23	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY O											
	BURIAL 3-15-60 Woodlawn Cel	metery Woodland, Md										
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE										
1	Vm. Cook, Inc., 1217 St. Paul Street	DATE MAD 1 5 'CO										
		MAN 5.60 Circlang S. Kings										



1, PLACE o. CO

b. CIT

d. NA OR

NAMI DECE/ (Type 5. SEX

10o. USU duri

13, FATH

15. WAS

18.

MEDICAL CERTIFICATION 20a OR ( (IF E 20c.

> 21. aliv

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

225 DATE THEREOF

1011-13 N. Ar

MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 1	8
MARYLAND STATE DEPARTM 2897 CERTIFICA	ATE OF DEATH	02966
		Reg. Dist, No.
COUNTY DEATH MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of SFATE b. COUNTY	on Residence before admission)
o. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 16 BURAL and give negrest town)	c. CITY OR TOWN (If jourside corporate limits, write RI	URAL and give nearest town)
Juners sta 3040.	E Jurners St	altin.
J. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	100 Machinit a	CLE YES NO DE
IAME OF PIECEASED (Type or print) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Lost 4. DATE Mon	1 3th 196019
EX 6. COLOR OR RACE 7. MARRIED L NEVER MARRIED	8. DATE OF BIRTH , 1901 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
CAL WIDOWED DIVORCED	may 70 th: 1900/ 58 yrs.	Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Mickey	Martina +40	
WAS DECEASED EVER IN U. S. ARAED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	ess
ma - 220	Harriery Office	3103 VERTEUR
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	en all'h	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Millius	about - 1212-
DUE TO	•	1 1 1
Conditions, if any, which (b)	MALAN	Mongon
couse (o), stating the under:		
lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
		YES NO DE
206 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter nature of thiury in Port Ler Part (hef item 18 )	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Pl Hour g. m. 19 While Not While 10 work 19 10 w	LACE OF INJURY (Home, form), 20f. (City or town) octops, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from Through	19 57, 10/11/11/1/1/2010 19) les	,that I last saw the deceased
and the second s	h occurred al 2: 15 P.M. from the causes a	and on the date stated above.
( )ea) ( )-f	ADDRESS (Street, city or town,	stote) DATE SIGNED
SIGNATURE (F)	MD 10/11/11/01/11	Sh. 420163221156

22c. NAME OF CEMETERY OR CREMATORY
Wilnutus Warn, Farle
ADDRESS
Lington AVe, DA

22d. LOCATION (City,

240. REC'D BY REGISTRAR

DATE MAR 1 5 '60

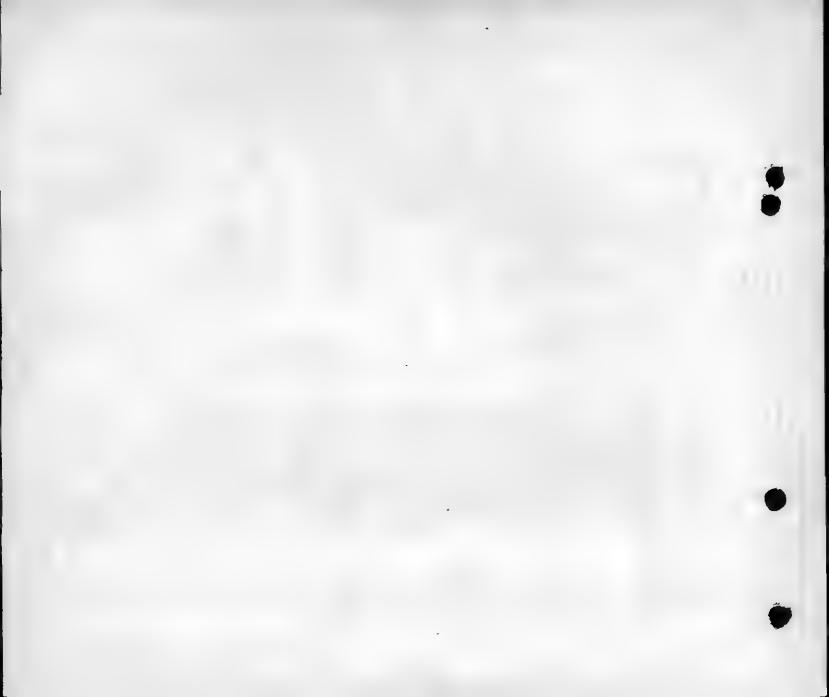
town, or county)

24b. REGISTRAR'S SIGNATURE

Chilmy & Themas

(Stote)

VS A15 (4) 15M 9/55



22c NAME OF CEMETERY OR CREMATORY

ADDRESS

Moreland Memorial

DATE MAR 1 4 '60

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) e, IS RESIDENCE ON A FARM? YES NO X g 10 60 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. Md. Address S. Towson4, Echo St. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY FERFORMED? NO-F (County) (State) 19 Shat I last saw the deceased M, from the causes and an the date stated above. DATE SIONED ADDRESS (Street, city or town, stole) (State) Baltimore Md . 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

Cirthun S. Kraus

0 2 VS A15 (4) 15M 9/III

220. BUR AL CREMATION.

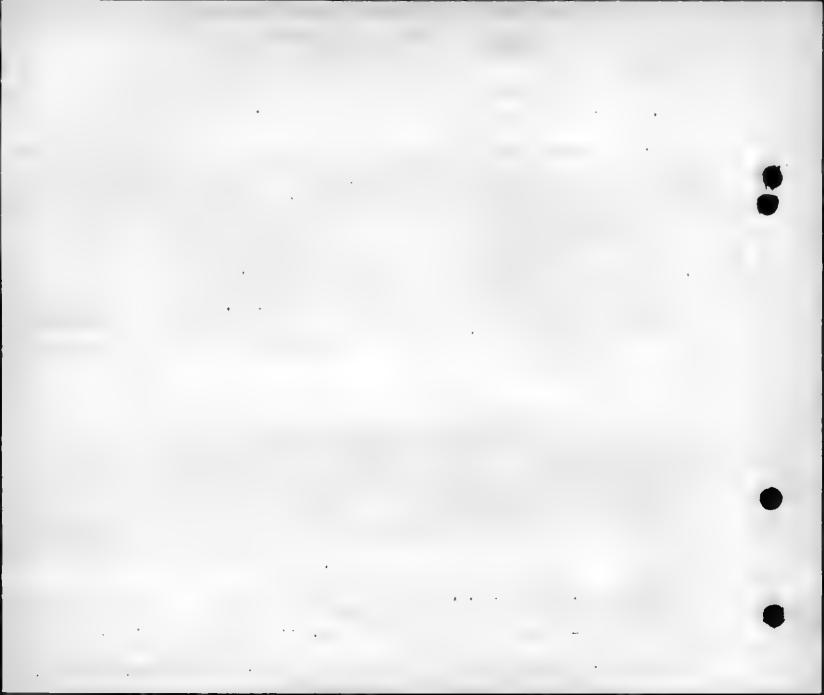
23. FUNERAL DIRECTOR'S SIGNATURE

Burial

22b. DATE THEREOF

Brooks Funeral Service, Towson 4.





1 %		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
08		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATES		3000
HEALTH DEPT.	1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  5. COUNTY
S da		BALTIMORE MARYLAND & STATE MARYLAND & COUNTY
See ( )	, 1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
of graphs	Ĺ	MIDDLE RIVER BALTIMORE #6
d dire		I MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
E 2 2 0 0 X		GLEN L. MARTINS CO. 14838 TRUESDALE AVE VES NO V
Sa the state of th	3.	NAME OF First Middle Lost 4 DATE Month Doy Year
of all the de		Type of print) BOBERT L. KABLE DEATH MARCH 3 1960
60 4	5. 5	The state of the s
3 =		M WIDOWED DIVORCED OCT 6 1901 58 yrs Months Days Hours Min.
and	100	. USUAL OCCUPATION (Give kind of werk done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
22,2d		PRODUCTION WORKER AIRCRAFT BALTIMORE U.S.A.
\$ 26.25 A		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
200 P		CLARENCE C. KABLE IDA MAY MILLER
4 5 E = 1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 127 IMPORMANT
50 E 16	1,10	MRS CAROLYN J. KABLE 4838 TRUESDALEN
# 50 E # 15		18. CAUSE OF DEATH [Enter only one coure per life for (o), (b), and (c) ]
ione and		PART I, DEATH WAS CAUSED BY: URENAMY DECLUSION
n sin sin sin sin sin sin sin sin sin si		4-20.1 DUE TO
Office Mov		Conditions, if only, which) By ASCV DISENSE
Page Page Page Page Page Page Page Page		gave rise to immediate couse
and		(a), stoling the underlying DUE 10
ng ng cam as as	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONSPIBITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
emodification of the control of the	¥	PERFORMED?
in the state of th	CERTIFIC	20s. EXTERNAL CAUSE WAS 20b. DESCRIPE HOWAINGURY OCCURRED (Enter polyre of injury in Fact Lot Part II of item 18.)
Me Me	ä	PRIMARY D or CONTRIBUTING D
The Party of the P	3	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 30e PLACE OF INJURY (Home, form, 20f. (City or town) (County) [Stote]
# B	WEDICAL	Hour e, m,  P. m.  19 of work
Miting 10 and 10		2). I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry and in my
X Section 1		opinian deoth resulted fram: Notural causes . Accident . Suicide . Homicide . Undetermined monner
ogo ogo		A Sociole II, Montal Course M., Accident II, Sociole II, Montalde II, Onderennined monner II
S. S		ACTUAL SIGNATURE DATE SIGNED
A Section 1		ASSISTANT MEDICAL EXAMINER
d by design		EXAMINER'S M. B. DAVIS M> DEPUTY MEDICAL EXAMINER [] 4/4/60
2 2 2	220	GURIAD CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Store)
0 * * 0 0		Burial 3/7/60 WESTEAN CEM BALTIMORE MD.
75	23	FUNY MAL DIRECTOR'S SIGNATURE / ADDRESS / 240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE
VS A15ME 5M 2/S7	i	Mins V. VINDULA THOUS - De UT 17 DATE MAR 7 '60 Cithur S. Know
9-R 8737	-1	A William I was the work of th
		V MA



VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3001

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

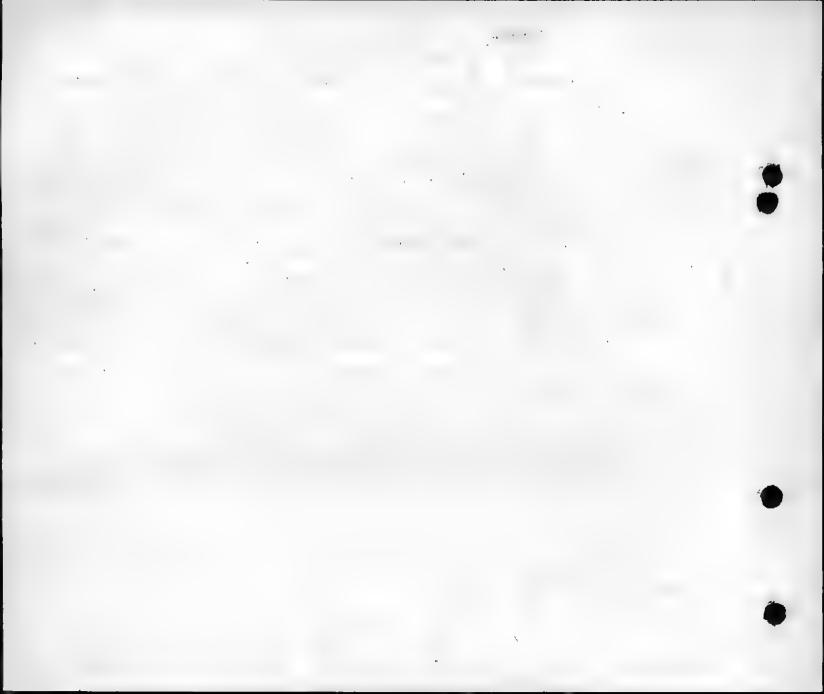
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		1,	Pur	J	•
Reg	. Dist.	No.			
					- 10

o. COUNTY Bal	Ltimore		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Intitution, Residence before odmission) o. STATE Maryland b. COUNTY Baltimore								
b. CITY OR TOWN UP	between times, were	e RURAL	c. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
		,	ital, give street address)	d. STREET A	d. STREET ADDRESS							
	Oh Spring		Way	8204 Spring Bottom Way								
3. NAME OF DECEASED (Type or print)	Fie		Middle	Lest		DATE OF	Menth	Day				
5. SEX		7. MARRIE	EV VIDIED MARRIED ET	KADIS 8. DATE OF BIRTH	3	EATH 0 A	March  JE (In years   IFUN	DER TYEAR	19 60			
Male	White	WIDOWED	_	Bur 15	- 1901	n losi	Erinday) Monti		Hours Min.			
100. USUAL OCCUPATIO	N (Give kind of work		ND OF BUSINESS OR INDU	STRY 11. STRTHPLA	CE (State or fo	preion country	3 yrı.	CITIZEN O	F WHAT COUNTRY?			
	life, even it refired)	$\Box$	PA	Lur	Rain	111.0	C. [	W	517			
13. FATHER'S NAME	and to	ell-	Kadix	14. MOTHER'S A	CCC	Dert	Fude ;	>	1			
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FO lit yet, give war of dates of		OCIAL SECURITY NO. 17.	WA LET	a Ka	die.	Address - 8 3/6'4'	Sprin	TiBe Clon			
Conditions, if an gove rise to immed (0), stoling the u	y, which (b)	Arte	or (e), (b), ond (c).}	Cardi ovas	cular	Diseas	е	INTE	RYAL BETWEEN ET AND DEATH			
PART II. OTH	ER SIGNIFICANT CON		NTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL	DISEASE CON	IDITION GIVEN IN	1	9. WAS AUTOPSY PERFORMED? YES NO			
PART II. OTH  200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of Inju	ary in Port I or	Port II of ite	m 18.}					
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. IN While of worl	Not while for	ACE OF INJURY (Hetory, street, office )	ome, form, 20	Of. (City or to	wn)	(County)	(Stote)			
21. I certify th	at I took chorge	af the re	emains described ab	ave, held an	Autopsy 🗷	], Inspe	tion 🔲, Inc	uiry 🔲	, and find that			
death resulted	from: Natural	causes X	, Accident [], Su	icide 🔲 , Ho	omicide [	, Undet	ermined cause					
ACTUAL	10	12	20.						DATE SIGNED			
SIGNATURE		0 /	NOW!	M.D.	IDICAL EXAMII IT MEDICAL EX	_		3	/11/60			
EXAMINER'S NAME (Type)	Russell	5. F4 c	her M.D.		MEDICAL EXAM				, 14,00			
220. BURIAL, CREMATION TEMOVAL (Specify)	Mar16	60	Charles (	Muine	228	3 act	(City, town, or coun	mm	(Stote)			
23 FUNERAL DIRECTOR'S	SIGNATURE 21	re-6	0/0 Revoluis	1	DATE MAR		246. REGISTRAR'S	SIGNATU				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3004 should be cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN I' ounide c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! Engly Day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1.5 EDOLX RM YES NO NO NAME OF DATE Month Day Yeor DECEASE (Type or print) DEATH 15210-1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fresnotin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pog 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). I. DEATH WAS CAUSED BY: MAR IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove tise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SD PERFORMED? NO R 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Fart II of Item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 27-2W\_ 19 of work of work I defeate. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that to the Ch'ef DIRECTOR: death resulted fram: Natural causes 🔀, Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 3-17-160 ERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (C'ly, town, or county) (Stote) REMOVAL (Specify) O Druid Ridge Cem. /23 Pikesville. Md. Ruwi al ÁDDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(5) Orthur & Krack DATEMAR 2 1 '60 5M 9/55



TO HOSPITAL OR ATTENDING PHYSICIAN: Tille law requires that the death certificate be executed within 24 hours offer illeath. Page 4

mo.

AL DIRECTOR: After entiticate has been signed by the attending physician and camp page 3 shauld be detached far use as the burial-transit permit. Then please remave catalogy papers the registrar prior to burial, cremation, ar remaval, and in any event within 72 haury after a path.

TO F

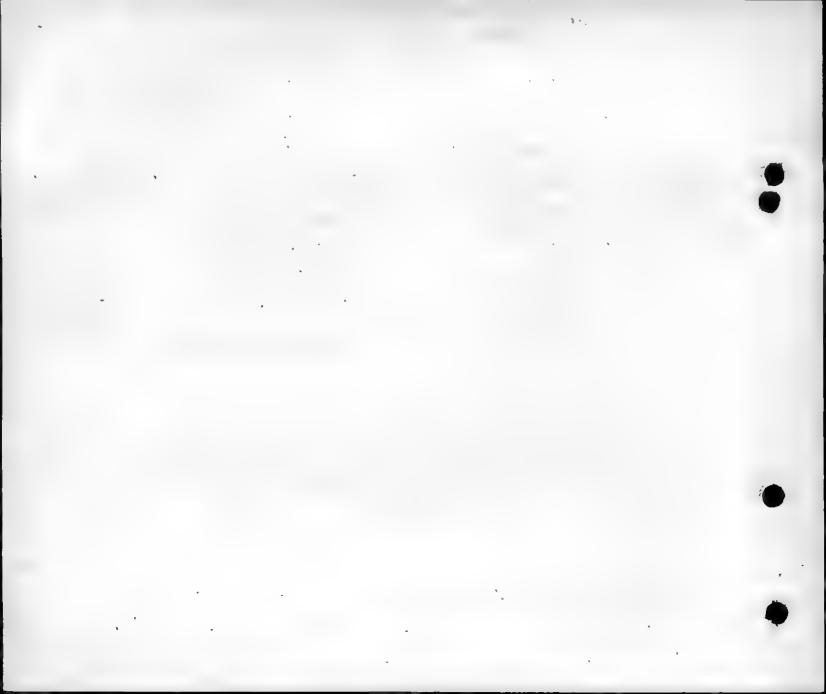
VS A1S (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3005 CERTIFICATE OF DEATH

02974

					Keg. Dist. No.
1.	PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Baltimore
	b. CITY OR TOWN (If autside corporate limits, v RURAL and give nearest town)	write c. LENGTH OF STAY IN 16		uside corporate limits, write RU	
-	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 1667 The 146	street oddress)	owson street Address 1667 The	extend Rd	e is residence on a farm? yes \( \square\) no \( \square\)
3.	NAME OF First OCCEASED (Type or print)	Middle A. Kava	anach	4. DATE Monti OF DEATH M	orch 7 1960
S.	1 1 1 1 1	1010	8. DATE OF BIRTH	9. AGE (In years lost birthday) 5.1 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
100	J. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	e 106 KIND OF BUSINESS OR INDU	AI O	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	<del></del>	14. MOTHER'S MAIDEN N		
L	James Kavanagh		Grace Wi	Ison	
	WAS DECEASED EVER IN U.S. ARAKED FORCES s. no, or unknown) (If yes, give war ar dates of service		Pauline K	(avanagh	same
NOI	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20g ACCIDENT WAS UNDERLYING   20t OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Part II of item 18.)	YES NO
MEDICAL C	20c. TIME OF INJURY Month, Doy, Year Hour o. m.	20d. INJURY OCCURRED 20e PL While Not while of work of work	ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the dealive on 3/7/60.	19, ond that death	#2 15		that I last saw the deceased on the dote stoted obove.  DATE SIGNED  3/8/4
	PHYSICIAN'S NAME (Type) W. M. Con	1.0	M.D. DONO	ion'4 med.	410)/ 90
	b Burial, Cremation, 226. Date Thereof / REMOVAL (90ecify) 3-10-60	20c. NAME OF CEMETERY O	R.CREMATORY emetary	22d. LOCATION (City, town, or Baltimore,	84.1
23.	FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5:	305 Harford Rd.			tran's SIGNATURE



1

TO F VR A1S (4) 1SM 9/S9

<u></u>		LACE OF DEATH				MARYLAND	e. STATE		ere deceased	lived. If institut b. COUNTY		e before ac	lmission)
,	ŧ	Baltimore  o. C TY OR TOWN (If RURAL and give no	outside corporate limi	is, write	c. LENGTH OF	STAY IN 16		rland R TOWN (If a	utside corpor	ate limits, write I	RURAL and g	ive nearest	town)
		Fort Howa			11 Hou	rs25 M.	X Cool	cevsvil	1.				
Ŋ.	,		AL (If not in hospital, g	give street		rset II.	d STREET	ADDRESS			· · · · · · · · · · · · · · · · · · ·	0	RESIDENCE
	_	Veterans	Administra	tion-	Hospital		113	Padoni	a Road	1		YE	S NO 🙀
	3. 1	NAME OF DECEASED	Fir			liddle		.ast	4. DATE	Ма	nth	Day	Year
		Type or print)	CHARLE	S	E.		KEDIDVEX	5	DEATH	Mar	ch	2	19 60
	S. S	EX	6. COLOR OR RACE	7- MARI	RIED   NEVER A	ARRIED 🔲	8. DATE OF BI	RTH		9 AGE (In years			INDER 24 HRS.
		Male	White	WIDOW	ED DIV	ORCED 🗍	Novembe	er 30,1	.891	68 yrs		Days Ho	lurs Min.
\	10a.	USUAL OCCUPATIO	N (Give kind of work- ing life, even if retired	done 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11 BIRTH	PLACE (Stote	or fareign co	ountry)	12. CITI2	EN OF WH	AT COUNTRY?
1		Printer	ing mic, evan ii remeu	,	Printing	Co.	Rali	imore,	Ma rw'	and	T	J. S.	Δ
/	13.	FATHER'S NAME		,				'S MAIDEN N					***
		Dashield !	Keener				Laur	a Smit	h				
		WAS DECEASED EVER	IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURIT	Y NO. 17 II	NFORMANT			Ado	dress		
	1745	Yes (1	yes, give war or dales of a		4-01-719	9 Cli	nical H	lecords	,VAH,	Balto.1	8, Ma. F	t.How	ard Div
		18. CAUSE OF DEA	TH [Enter only one co	iuse per li	ne for (a), (b), on	d {c}-]						INTERVA	L BETWEEN
		PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (	a T.O	BAR PNEI	TMONTA							NOWN
		LIGAX	XXXXX		TRITE T 1813C	THE PARTY OF THE P							
/		Conditions, if on	u which \	-	DEPOSITOR	OF METE	व्यक्ता र					IBIK	NOWN
		gove rise to in	nmediate (	,	RRHOSTS	OF THE						UNIX	HEANTH.
	Course for the under-												
	z	/ (6)											
	OH	FANI NI OIN	EK SIGINITICARY COM	10143	CONTRIBOTING	O DEATH BOT	INCH KELATED	IO THE LEKMI	INAL DISEASE	COMPINON OF	TEN IN FARE	PI	ERFORMED?
> +	2			Tana								YES	NO 🗆
	CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJU	JRY OCCURRE	D. (Enter noture	s of injury in I	Port I of Port	Il of (lem (8)			
	MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	ar 20d I	NJURY OCCURRE	D 20e. PL	ACE OF INJUR	Home, form	20f. (City	or lawn)	(C	ounly)	(State)
	MED	Hour a.m.,	19	While	Nat while	¬   '°	ctory, street, of	ice blog., erc					
			t My(this haspita	1) attend	dad the dece	red from 7	7.20 PM	2/2/10	60 m	5:45 AM	2/210 6	O that i	M two lines
					1040	aseo munig		6:4	5	the envises of	34-217-10 	بالمانا بي	A) (MC) (G2)
		220 SIGNATURE	ed alive on Ma	FULL 2	1/00 /	ana mar c	Jean Occor	eu di AM	w, nam	the causes a	na an ine	udie sic	22b DATE
		(6)	1 6	- 6	2	· Come	AFTEND			STAFF PHYS 🐷			SIGNED
		22c PHYSICIAN'S	John Co	1	MADA PHYS.		RECTOR []	PHYS by			3/2/6		
		NAME (Type)					124. AD	NE33					
		CARIDAD	E. GONZALE	z, M.	D	<del>-</del>	VAH,	BALTI	MORE-1	8.MD.FO	RT-HOW	ARD D	EVISION
	23a	BURIAL, CREMATION REMOVAL (Specify)	'	OF .	23c NAME OF	CEMETERY C	R CREMATORY		236 LOCAT	TON (City, town,	or county)		(Stote)
		Burial	3-5-60		Lorrai	ne Par	k Cemet	erv	Balt	imore.	Marwla	nd	
	24.	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS				D BY REGIST		ISTRAKS SIC	ATURE	
		Frank-W	Seitz-Fune	nol E	Iome, 811	36th 5	t.Relte	MAIN	1 00		-, 23, 74		
		T. L. W. L. W. W. L. L.		A Charles A	1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		- <del> </del>						



g physicion and compared remove corbon pape regions it within 72 hours after death

AL DIRECTOR: After estimated by the hospitation of comparation of the state of the other of the control of compage 3 should be detached for the buriol-transit permit. Then please remove corbon paper the State Board of Health prior to buriol, cremotion, or removal, and in any event within 72 hours of

TO P VR A15 (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
3007 CERTIFICATE OF DEATH

()	2	9	7	6	

	E OF DEATH OUNTY Bald			MARYLA		- CTATE	DENCE (Wh	ere deceased	l tived If ins b. COU		n: Residenc	e before admi	ission)
RU	ITY OR TOWN (I JRAL and give re CONSVO 1	f autside carporate limi arest tawn) LO	ls, write	c. LENGTH OF STAY IN	1 16		rown (If a Balto		rale limits, wi	rite RU	RAL ond g	ive nearest to	wn)
0	R INSTITUTION	AL (If not in hospitol, s the Pines-F				d. STREET A		. 41st	St.			ON	ESIDENCE A FARM?
	AE OF EASED ar print)	Fir CHA	RLES	Middle E .		KIPP	t	4. DATE OF DEATH		Mont M	lar.	Doy 24,	Year 19 60
s sex	10	6. COLOR OR RACE	7 MARR	NEVER MARRIED		ate of BIRTI		. 1	9 AGE (In y lost birthd		1	Days Hour	-t
100 US dur Rt	UAL OCCUPATION TO THE CONTROL OCCUPATION TON		dane 10b.	KIND OF BUSINESS OR Construction	INDUSTRY	13. BIRTHPL			1 -4		12 CITI2	TAHW PO M3	COUNTRY?
13. FATI	HER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME					
	isa J. I						Mary E	C					
15, WA! (Yes, no.	S DECEASED EVE or unknown) no	R IN U. S. ARMED FOR (If yes, give wor or dates of I	ervice)	SOCIAL SECURITY NO. 12-18-2329	Mr.		n Graf	Jr.	4610	Ced		rden E	id.
91 co	181. Canditians, if a ave rise to itse (a), staling to go to to the cause tost.	the under-	122 E	tantalie Co	rece allo	Jan Lar	e of	me.	1 13h	C-E	h	22	47
CERTIFICATION 3005	PART II. OIF	IER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	CONDITION	Ŋ GIVŧ	N IN PART	PERF	S ALTOPSY FORMED?
WEDICAL	Hour a.m.	Y Manth, Day, Ye	ar 20d It While at worl	Not while	0e. PLACE factary	OF INJURY (	Home, form a bldg., etc.	, 20f. (City	ar tawn)		(C	aunty)	(State)
. sa	21 I certify that (I) (this haspital) attended the deceased fram. 3-1-, 1940, ta 3-34-, 1960 that (I) (wet last saw the deceased alive an 3-24-1960, and that death accurred at 1960 from the causes and an the date stated above.												
	PHYSICIAN'S	xx Sal	cage	27	M.D.	ATTENDIN PHYS	DI	D. RECTOR 🗆	STAFF PHYS			3/237	226. DATE / SIGNED
	NAME (Type)	Filmer K.	Ball	विनुष्टाः		6249	tride	rich K	d. Ba	QZ.	28,	md.	
RE	R AL, CREMATIO MOVAL (Specify) Tial	3/28/60	)F	23c. NAME OF CEMETE Swartz Cen		REMATORY		23d. LOCAT	TON (City, to		r county)	(5*	ate)
24. FUN	ALL . Y.	S SIRRATURE	Cr Y	ADDRESS -	Bec	eto.		AR 28'6		REGIS	TRAR'S SIG		



Year

VR A15 (4)

15M 9759

PLACE OF DEATH, o. COUNTY ALTIMORE

RURAL and give nearest town)

b. CITY OR TOWN (if outside corporate limits, write

OWSON

MARYLAND

c LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month

OWSON d. STREET ADDRESS

Lost

ON A FARM? YES NO

OR INSTITUTION NAME OF First Middle DECEASED (Type or print)

6 COLOR OR RACE

d. NAME OF HOSPITAL (If not in hospital, give street address)

ONEL MARRIED IN NEVER MARRIED

DEATH B DATE OF BIRTH

196 IF LINDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years last birthdoy) Months Days Hours

Day

10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even (f retired) SUPERVISOR

5. SEX

13. FATHER'S NAME

lying couse lost

20c. TIME OF INJURY

22c. PHYSICIAN'S

Hour o.m.

p. m.

MEDICAL

11. BIRTHPLACE (State or foreign country)

DIVORCED |

14. MOTHER'S MAIDEN NAME

4. DATE

12. CITIZEN OF WHAT COUNTRY?

IS WAS DECEASED EVER IN U.S. ARMED FORCES?

CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)

WIDOWED [

17 INFORMANT 16. SOCIAL SECURITY NO

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the under-

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

WAS AUTOPSY ERFORMED? YES NO Z

(Stote)

INTERVAL BETWEEN ONSET AND DEATH

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Doy, Year 20d. INJURY OCCURRED While Not while at work ot work

20e, PLACE OF INJURY (Home, form, 20f, (City or town) foctory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18)

(County)

21 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an 11/2/2/12/1960, and that death accurred at. SIGNATURE

ATTENDING PHYS 22d ADDRESS MED. DIRECTOR STAFF

230 CURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY HRK PINKRIAL

23d\_LOCATION (City, town, or-county) 25o. REC'D BY REGISTRAR

(Stole) 256 REGISTRAR'S SIGNATURE

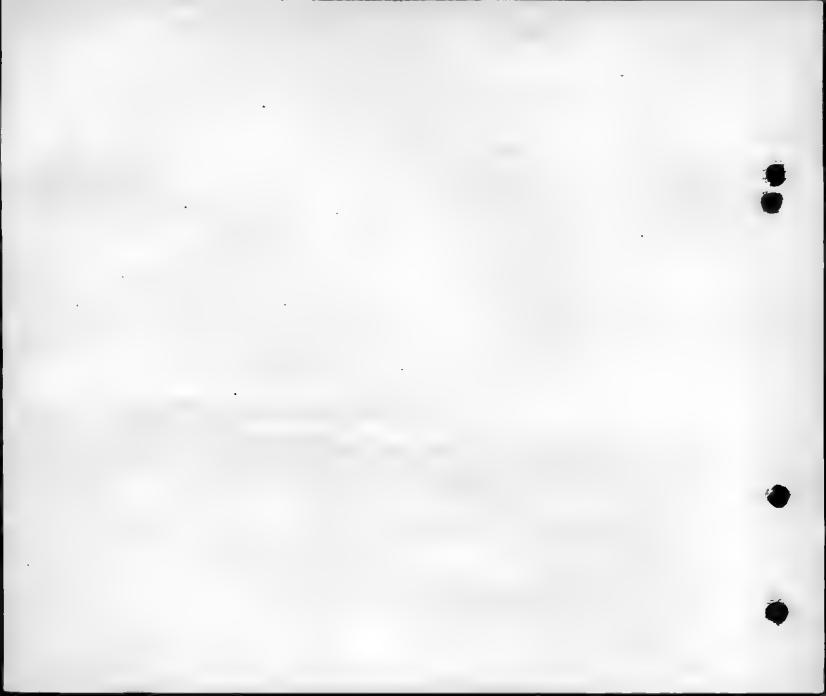
**FUNERAL DIRECTOR'S SIGNATURE** 

**ADDRESS** 

DATE MAR 1 4 '60

arthur S. Thomas

M, from the causes and on the date stated above



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3000

### CERTIFICATE OF BEATLE

	000	CEKTIFIC.	AIE OF DEATH	Reg. Dist. No.	
	1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived o. STATE Maryland	b. COUNTY Baltimore	
	b. CITY OR TOWN (If outside corporate limits, RURAL and give negrest town) LOCKE FOREST.	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate if Lodge Fores	t twite RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, green or institution of Irequei		/ d. street Address 7707 Irequois R	e is residence on a farth? Yes \( \) NO \( \)	
	J NAME OF First Lau. (Type or print) Lau.		Kolb 4. DATE OF DEATH	March 22, Year 60	
	Female White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	Nov. 29, 1877 8	SE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   SE-birthdoy  Months Days Hours Min	
	10a. USUAL OCCUPATION (Give kind of work dor during most of working life even if relief)	ne 10b. KIND OF BUSINESS OR INDI	Balto. Md.	U.S.A.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Theodore A		Catherine Dorr		
	TO WAS DECEASED EVER IN U. S. ARMED FORCE	ca)	nformant orraine Ray 7707 I	roquois Rd. 19. Md.	
	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o, m, p, m.  21. I certify that I attended the dalive an market is a captured or contribution of the contr	TIONS CONTRIBUTING TO DEATH BU  TO DESCRIBE HOW INJURY OCCURRED  TO DESCRIPTION OF THE H	LACE OF INJURY (Home, form, 20f. (City or to sciory, street, office bldg., etc.)  1958, ta March 22  accurred at M, fram the		
1	PHYSICIAN'S JOHN V. CONVEY  AME (Type) JOHN V. CONVEY  220. BURIAL, CREMATION, 276. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, fown, or equity)] (Sintell)				
	Rundal Mar. 25		O'Donn	ell St. Md.	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o, REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE	
П	John J. Duda 7922 !	Wise Ave. 22. 1	160 a PAYSHAD 2 8 160	Outling & Trans	

in by the funeral director, and 2 should be filled with TO HOLPITM OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 llaurs after death. Page I attending physician.
Hificate has been signed by the attending physician and camples to the burial-transit permit. Then please remave carban papers ian, ar remaval, and in any event within 72 haurs after death. the registrar prior to buriol, cremation, At DIRECTOR: After thought be detached for the TO FU VS A15 (4) 15M 10/57

M



SICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

n by the funeral director, and 2 shauld be filed with

moy stained by the haspital stricture has been signed by the attending physician and cample page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremotian, or removal, and in any event within 72 haysenthe death.

TO HOSPITAL TO FUN

VS A1S (4) 1SM 9/SB

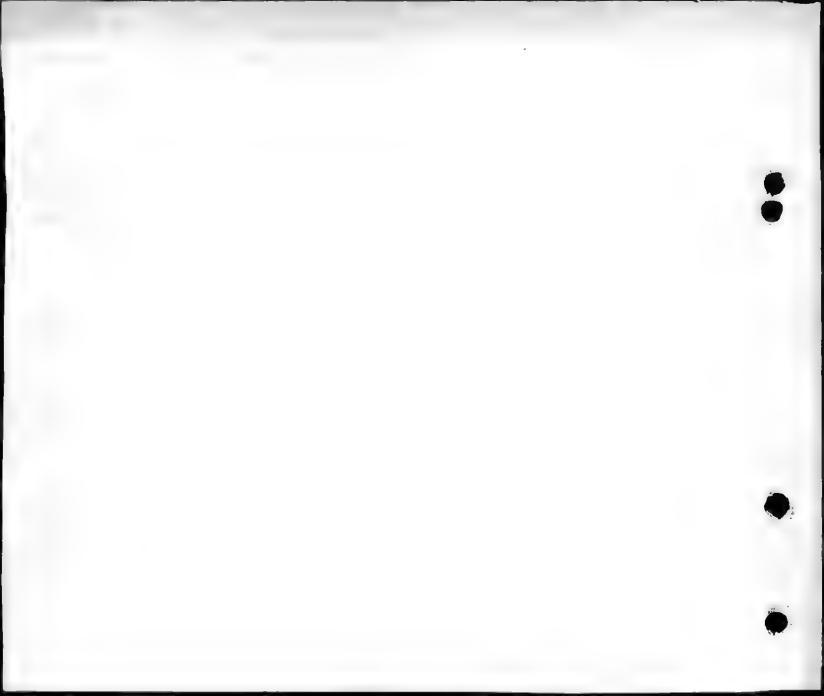
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3010 **CERTIFICATE OF DEATH** 

Rea. Dist. No.

H		
	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY Maryland
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Garrison	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Baltimore
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION FOXLEIGH NURSING HOME	d. STREET ADDRESS 7802 Nashua Circle e. IS RESIDENCE ON A FARM? YES \( \subseteq \) NO
3	3. NAME OF DECEASED (Type or print) MILTON KOLKER	Last 4. DATE Manth Day Year OF DEATH 3/30/60 19
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	8 DATE OF BIRTH  9. AGE (In years life UNDER 1 YEAR) IF UNDER 24 HRS last birthday)  1907  52 yrs. Manths Days Haurs Min.
1	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if rehred)  Merchant  Reteil	USTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?  Baltimore Md.  U.S.A.
ا	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
几	Morris Kolker	Anna ?
ין	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO [Yes, no, or unknown]   [If yes, give wor or dates of service]	INFORMANT Address
L		Reuben Kolker 2809 Cheswolde Rd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Pulmonery eden  Canditions, if any, which gave rise to immediate cause (a), stating the under.  DUE TO  Canditions of Cause in a cause per line for (a), (b), and (c) ]	stases
5	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	Original site unknown  IT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO SEED (Enter nature of injury in Part I or Part II of item 18.)
	· ·	PLACE OF INJURY (Hame, farm, 20f, (City ar town) (Caunty) (State)
	p. m. 19 at wark at wark	actary, street, office bldg , etc.)
	PHYSICIAN'S NAME (Type) DAVID L. FILTZER, M.D.	h occurred at \$3:30P M, from the couses and on the date stated obove.  ADDRESS (Street, city ar tawn, state)  M.D. 2500 Eutaw Place; Balto = 17, Id.
4	22a. BURIAL, CREMAT.ON, 27b DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	
	Burisl 4/1/60. Chizuk Amur	
	23 funeral director's signafuré Address Sol Levinson & Bros.Inc. 6010 Reist. Ré	240 RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OF 1 '60 Community & France





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3012 **CERTIFICATE OF DEATH** Dan Diet Ma

02981

	Keg. Dist. 140.
1. PLACE OF DEATH q. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY b. COUNTY
b. City OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1	MIN. BALIO
RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street address)	/ d. STREET ADDRESS e. 1S RESIDE!
300 POPLAR RO.	300 POPLAR RD VES N
NAME OF DECEASED (Type or print) F///A BFTH KIN	Last 4. DATE Month Day Year OF DEATH MAR 29 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2
FIFMALE WHITE WIDOWED DIVORCED	3-3-85 lost birthdoy) Months Doys Hours
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COU
HOUSEWIFE	110. 4.5.4
3. FATHER'S NAME EORGE DADI DO COULD	14. MOTHER'S MAIDEN NAME  ANNA DOUGLAS
WAS DECEMBED FOR IN IL CADMED TO COLOR OF THE PARTY OF TH	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) [If yes, give wor or dates of service]	SELOMILA WALDHAUSER SAME AS A
18. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c).]	INTERVAL BETWI
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CULB FOR 1	un orlage ONSELAND DE
332 X DUE TO	
Conditions, if ony, which ) (b) Coubtal ace	ed general arteriosclerous swerd
gove rise to immediate couse (a), stating the under	
lying couse last.	
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONCERN OF THE PART OLD THE GLOSE	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT-
3 Caucus of the plan break e gla	ud (renoum)
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING   CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f (Crty or town) (County)
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e Hour o m	foctory, street, office bidg., etc.)
0 -4	2H 10 15 . 3 - 29 10 60
21. I certify that I attended the deceased fram. 4	, 19 3, to 3 that I last saw the dece
dive on the same of the same o	ath accurred at
ACTUAL YUGGUO C. Samman	412 Gailly, Ane 3/20
SIGNATURE CA TALLE CONTROL OF THE CO	M.D. Co Carpora vot.
PHYSICIAN'S EWiche C. Bauma	inh euex 21, ma.
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL 4-2-60 HOLY P	EDEEMER BALTO, MD.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Connellet 418 Gasters	or Blind, DATE HAR 31 '60 Orthur S. Kins

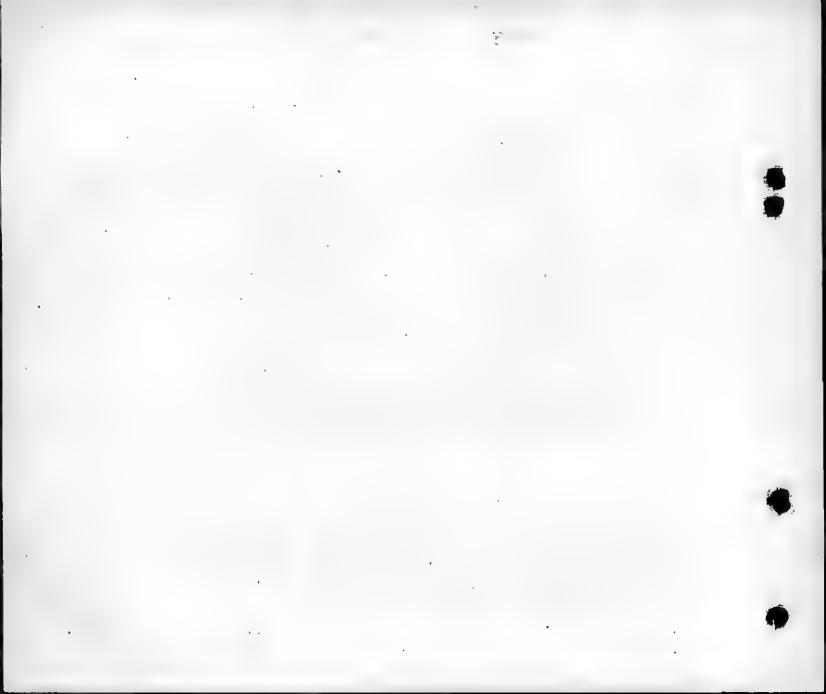
TO HOPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

or ERAL DIRECTOR: After a certificate has been signed by the attending physician and capage 3 shauld be detached far use as the burial-transit permit. Then please remaye dome to the Lastrar priar prior to burial, crematian, ar remayal, and in any event within 72 haurs drive at

e retained by the hass.

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in by the funeral direct and 2 shauld be filed w



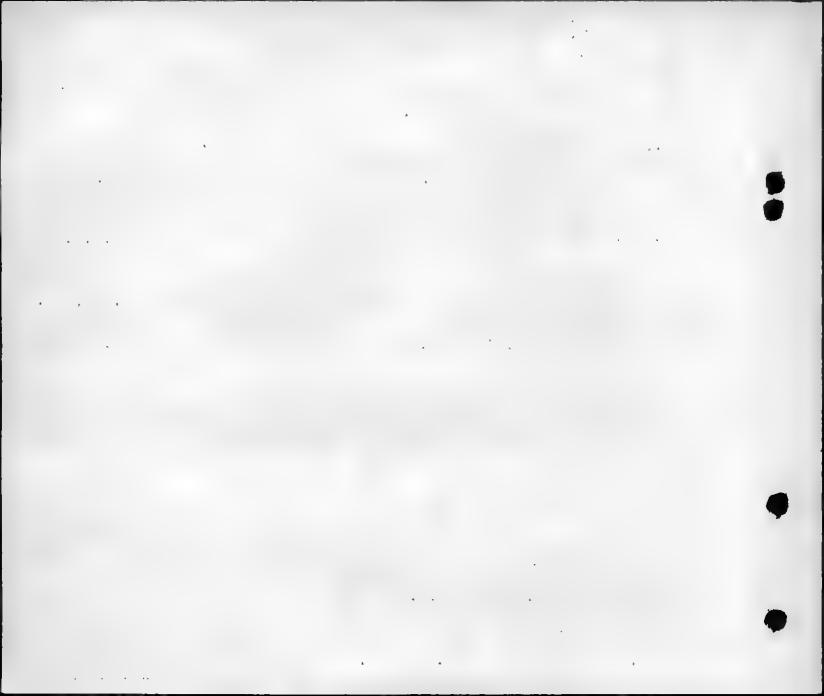
1		À	)
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		CERTIFIC	AIE OF DEATH	Reg. Dist	Reg. Dist. No.		
	1. PLACE OF DEATH COUNTY Raltimore	MARYLAND	2 USUAL RESIDENCE (Where of a STATE Mary 12	deceased lived. If institution, Residence b. COUNTY B&IC	before admiss on)		
	b. CITY OR TOWN (if autside carporate limits, v RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside Dunds.)	de corporale limits, write RURAL and giv	ve nearest tawn)		
<	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 13 Marshall	street address) L Road	d. STREET ADDRESS 1843 Marsha	ill Rd.	e. IS RESIDENCE ON A FARMA YES NO		
	3. NAME OF DECEASED (Type or print) Charle	Middle V	9 - Year	DATE Month OF March	Poy Year 60		
1	Male White w	MARRIED NEVER MARRIED DIVORCED DIVORCED		372   Strithday)   Manilhs D	YEAR IF UNDER 24 HRS		
	10d. USUAL OCCUPATION (Give kind of work dame during most of working life, even if retired)	Farmer	USTRY 11. BIRTHPLACE (State or fo	oreign country)   12 CITIZ	EN OF WHAT COUNTRY?		
	13. FATHER'S NAME  Jamos Lake		14. MOTHER'S MAIDEN NAME UNICHO				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes no or unknown)	16. SOCIAL SECURITY NO. 17.	INFORMANT ISSELL Lake 18	343 Marshall Rd.	. 22, Md.		
V	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  # 8 / X DUE TO	pet tine far (o), (b), and (c).]			INTERVAL BETWEEN ONS T AND DEATH 3-4045		
	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO						
-	30173 CUA Lace	- 6) Rud	tet (3) Celul	DISEASE CONDITION GIVEN IN PART I	PERFORMED?		
		DESCRIBE HOWNINJURY OCCUR	ED. (Exter nature of injury in Part I	I ar Part II of item 18 )			
	Hour a.m.	20d. INJURY OCCURRED While Not while of work of work.	LACE OF HIJURY-(Mame farm, 20 actory, street, affice bldg, etc.)	Of (City or town) (Coo	unty) (State)		
	21. I certify that I attended the de alive an Must. V			Nul-4 , 1960, that I la 1, from the causes and an the	st saw the deceased		
	ACTUAL SIGNATURE	airs		NOMES (Street, city or town, state)	DATE SIGNED		
	PHYSICIAN'S Melvin B.	Davis, M.D.	Dunhair	-27 me	3/4/60.		
	220. BURIAL, CREMATION, 226. DATE THEREOF PREMOVAL (Specify) 3-7-1960	22c. NAME OF CEMETERY Rivorview	-	trasburg. V1	(State)		
	23 FUNERAL DIRECTOR'S SIGNATURE John J. Duda 7922 W	ADDRESS	24a, REC'D BY	REGISTRAR 24b. REGISTRAR'S SIGN			

■ HOLITALI OF ATTENDING FRYILITAN: The law = wire the death certificate be executed within 24 hours after death. Page 4 me retained by the hospital or attending physicion.

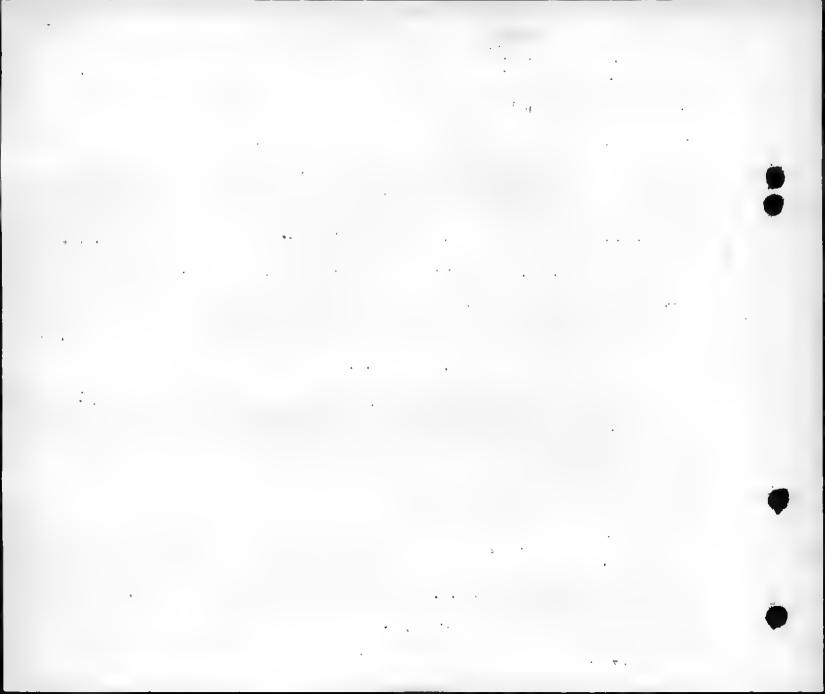
Of the Lat DIRECTOR: After the certification has been signed by the attending physician and companies to be the followed by the place remove carbon population as the burial-transit permit. Then please remove carbon populated for the second of should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOUNTALL OF E O VS A15 (4) 15M 10/57



VS A15 (4)

CERTIFICATE OF DEATH

. 4	1		201	3 CEKIII	ICAI	E OF DEA	П		Reg. Dist.	No.	
1	1.	PLACE OF DEATH $R$	osewood State	Training Sch	4.1	USUAL RESIDENCE	(Where deceased I	ived. If institution	on. Residence 1	before admiss	ion)
	1	o. COUNTY	ltimore	MARYL	AND	o STATE llar	vland	b. COUNTY	Bal	timore	
		RURAL and give no	If autside corporate limits, writ	e c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN	(If outside corporo	te limits, write Rt	JRAL and give	negrest town	)
		Owings Mil	is, Maryland	2 years		Baltimore	4, Mary	Land			
or)		d NAME OF HOSPIT	AL (If not in hospital, give str	eet address)	1	d. STREET ADDRESS	)			e IS RES	IDENCE FARM?
У,	Ro		ate Training S	School		548 Brook	Road				NO 🔼
	3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Mani	th	/	Year
		(Type or print)	Harry	Leroy		Lampo	DEATH	3		4	19 60
	S. 5	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	X 8 D	ATE OF BIRTH	9	AGE (in years last bythday)	Manths Do		R 24 HRS Min
		Male	1 11 11 11 11	OWED DIVORCED		0/26/12		4/ yrs	mailles Do	ys mours	Min
	10a	during most of work	ON (Give kind of work done 1 king life, even if refired)	06. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (SE	ate or foreign cou	ntsy)	12 CITIZEN	OF WHAT C	OUNTRY?
						Maryland	d		1	U.S.A.	
1	13	FATHER'S NAME			1	MOTHER'S MAIDE	N NAME				
		John Henry	Lampe, Sr., -	- deceased		Anna Katl	horine Ba	er - de	ceased		
	15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES?		INFO	RMANT		Addr	ess		
	(1.4	no	bi lest than any or doing or service)		Ros	ewood Rece	ords				
	_		ATH [Enter only one cause pe	r line for (a), (b), and (c).]						INTERVAL BE	TWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Bilateral Pne	eumoni	ia			(	ONSET AND	DEATH
	526 X DUE TO										· ·
Conditions, if ony, which ) (b) Chronic emphysemia and fibrosis									3/3/58	3 (?)	
	gove rise to immediate Dur To									-,-,-	
		lying cause last								2/2/58	3 (?)
	) 10 HEALTH CLUB AND SECULIAR STATE CONTROL OF THE									AUTOPSY	
0	OF We a second s										RMED?
	TIF	200 ACCIDENT WA	S UNDERLYING () 206. E	DESCRIBE HOW INJURY OC	CURRED. (E	nter nature of injury	in Part I or Part II	of item 18.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	MEDICAL					OF INJURY (Home, f		r town)	(Cou	niy)	(Stole)
	MED	Hour a.m.	19 WF	ile Not while work at work	Tocioty	, sireer, office blug.,	elc.)				
		21. I certify th	at I attended the dece	eased from 3/3/5	8	, 19, to _	3/4/60	, 19,;	that I last	saw the d	ecented
		alive an_3/		2, and that a							
			0-		~			et, city or town,			E SIGNED
		ACTUAL SIGNATURE	Vive Bis	& Harris	non	>				3/4/	60
				-						64_J4	
		PHYSICIAN'S NAME (Type)	live Reid Ham	ris, M.D.		Bosr v	ond Train	ing Sch	ool.		
	220	BURIAL, CREMATIO		22c. NAME OF CEMET	ERY OR CR	EMATORY	22d LOCATIO	N (City, town, a	r county)	(Stole	e)
	1	PEMOYAL (Specify)	MAR. 8.1960	LOUDON F	ARK	CEMETER	Y BALTI	MORE,	N	1D.	
	23	AUNERAD DIRECTOR	S SIGNATURE	ADDRESS		24a. R	EC'D BY REGISTRA		TRAR'S SIGN	ATURE	
		John B	unio Oon	w ca	1100	DATE	MAR 9 '61	J C.	nthun S. 9	traced	



E S

in by the funeral director, and 2 should be filed with

OF RAL DIRECTOR: After entificate has been signed by the attending physicion and compage 3 should be detached far use as the burial-transit permit. Then please remave carban page the registrar prior to burial, crematian, or removal, and in ony event within 72 haurs ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dilath. Ilage 4

E 0 VS A1S (4) 1SM 9/S8

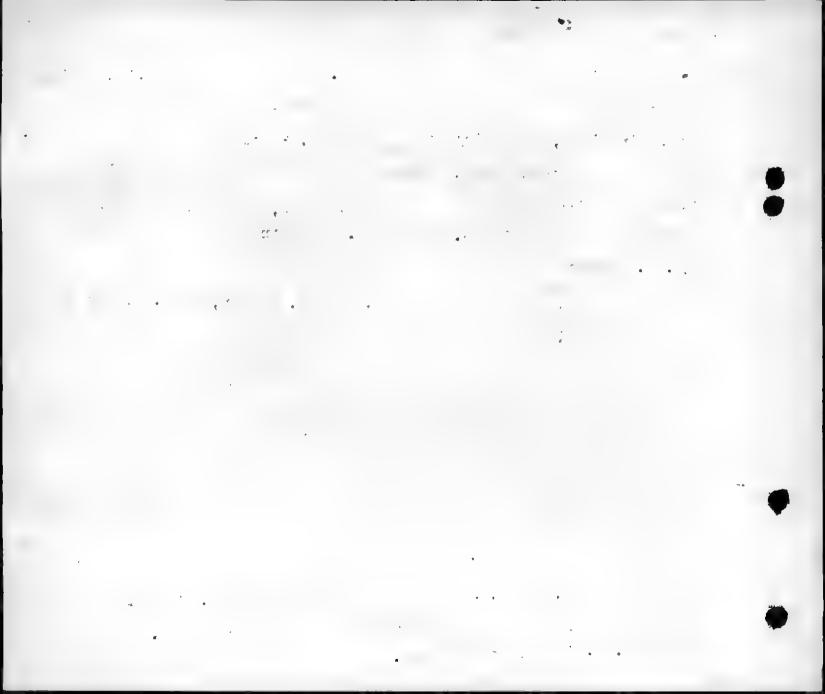
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3014

**CERTIFICATE OF DEATH** 

02984

Post Diet No

1)41	Reg. Dist. 140.
D. PLACE OF DEATH D. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Baltimore City
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Catomsville	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Baltimore  RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rouse in Pines, 13 Fusting Ave	d. STREET ADDRESS  135 %. Hilton St  e. IS RESIDENCE ON A FARM? YES NO STREET
3. NAME OF DECEASED (Type or print) Clinton Wyatt Landon	Lost 4. DATE OF March 1/60 Day Year 19
5. SEX Male  6. COLOR OR RACE White Widowed Divorced	8. DATE OF BIRTH  J-117 19.1908  9. AGE (In years last birthday)  57 yrs.    Months   Days   Haurs   Min
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- Chauffeur Balto-Transit	USTRY 11. BIRTHPLACE (State or foreign country) Virginia  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ed. L. Landon	Mary Swain
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of service)	Address  Anna E. Landon, 135 S. Hilton St
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y.  IMMEDIATE CAUSE (a)	e heart failure Interval Between ONSET AND DEATH
Canditians, if any, which) DUE TO Catteriosele	notic Cardiovascular 5 yrs
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	chiese
Erebo vacentar a	T NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Haur o. m. 19 While at wark of work	PLACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) 20f. (City ar town) (County) (State)
21. I certify that I attended the deceased from 3/ January olive on 32 5 5 6 7 19 6 7 and that deat	h accurred of 57 M, from the couses and on the date stated above.
ACTUAL James E. Rome	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  3/1/40
PHYSICIAN'S James E. Rowe M.D.	- IOII Frederick Rd. #28 Md.
22c. NAME OF CEMETERY (Burial Specify)  3/4/60  22c. NAME OF CEMETERY (Burial Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
WIVER D. 4101 Edmondson Ave.	DATMAR 3 '60 24b. REGISTRAR'S SIGNATURE



VS ATS (4) 15M 9/5B

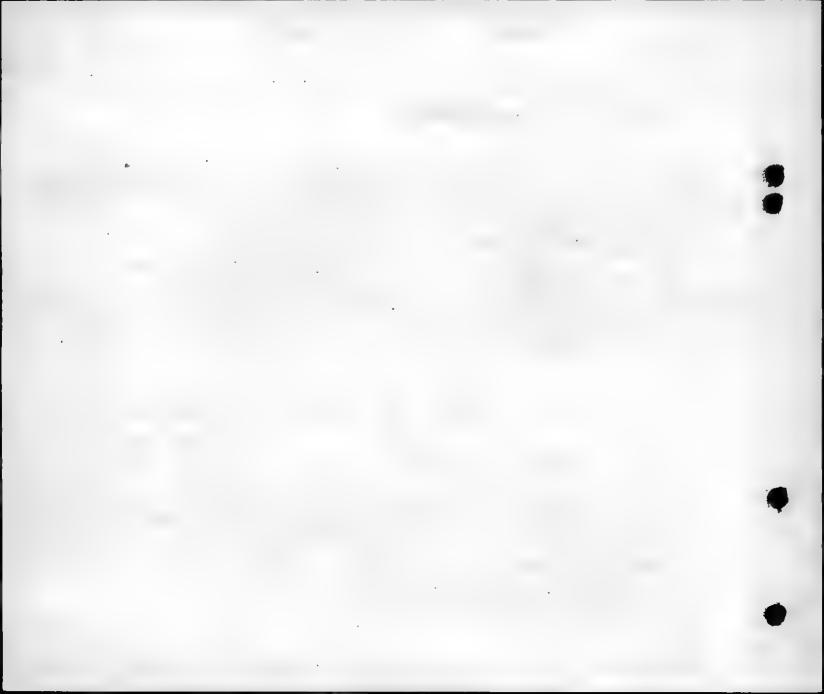
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3015

CERTIFICATE OF DEATH

		.0020 CERTIFIC	AIL OI DEAIII	Reg. Dist. No.
)		PLACE OF DEATH D. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where decement of STATE Mory Lar	osed lived. If institution: Residence before admission) ad b. COUNTY Baltimore
		CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Lutherville	c. CITY OR TOWN (If autside ca	rparate limits, write RURAL and give nearest town)
		d. NAME OF HOSP.TAL (If not in hospital, give street address) OR INSTITUTION 224 Spring. Avenue	d. STREET ADDRESS 224 Spring	Avenue e. Is residence on a farm? YES \( \text{NO } \text{NO } \)
		NAME OF DECEASED [Type or print] Mr. Walter E.	Leach OF DEA	14 1 1
	S :	6. COLOR OR RACE 7 MARRIED NEVER MARRIED Name white WIDOWED X DIVORCED	Oct. 22, 1891	9. AGE (In years   IF JNDER 1 YEAR   IF UNDER 24 HRS   Isother   I
		. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Retured  Pete 1 (ycle	0 11.	Maruland USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	8
1		, no, or unknown) ( (if yes, give war or dates of service)	informant rs. Samuel Daws	Address Lutherville
/	H	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	rs. Samuel Daws	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 126.61 WORDS	chrosei + Fra Ble.	ONSET AND DEATH
		523.0 DUE TO 0	1/	V
		Conditions, if any, which gave rise to immediate	1262	6-74-2-2
	_	cause (a), stoting the under lying cause last.  DUE TO  Lilician i	halation.	15 100 27
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 13
	L CERTIF	200 ACCIDENT WAS LINDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I ar I	Part II of item 18.)
	MEDICAL	20c TIME OF INJURY         Manth, Doy, Year         20d. INJURY OCCURRED         20e Pl           Hour o. m.         19         While Not while at work	LACE OF INJURY (Hame form 20f. (Coctory, street, affice bldg., etc.)	City or town) (County) (State)
		21. I certify that I attended the deceased from	, 19 <u>50</u> , to 3 · 17	, 19.6% that I last saw the deceased
		alive an, 19,60, and that death		m the causes and an the date stated above
1		ACTUAL SIGNATURE Rul & Mulker	M.D. 64: 10ccll	(Street, city, or town, state)  DATE SIGNED  1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
		PHYSICIAN'S PAUL G. MUELLER	15acx	1.726
	22a	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C BURIAL (Specify) 3-19-60 St. Joseph	/ /   1	exas, Maryland (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REG	SISTRAR 24b. REGISTRAR'S SIGNATURE
	L	eonard J. Ruck 5305 Harford Road	d. #14 DATMAR 2.1 "	60 Orthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/SS

M

CEDTIEICATE OF DEATH

Ł	50011	CERTIFICA	AIE OF DEATE			Reg. Dist. No	o,
	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who state Maryland		b. COUNTY	Belte	TITALL
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF 6	utside corporate li	mils, write RUR	AL and give no	earest fown)
	or INSTITUTION 8018 Ridgely O	oddress) ak Road	/ d street ADDRESS 8018 Rid	gely Oal	k Road		e. IS RESIDENCE ON A FARM? YES NO
Г	3. NAME OF First DECEASED	Middle	losi	4. DATE OF	Month	D	lay Yeor
L	(Type or print) Howard	E	Leydig	DEATH	Marc	ch 2	28 19 60
	s. sex 6. color or race 7. Mars White Whow		Jan. 25,1877	9. AC		Months Days	R IF UNDER 24 HRS. Hours Min.
	log. USUAL OCCUPATION (Give kind of work done 10b.		STRY 11 BIRTHPLACE (Stole	or foreign country	)	12. CITIZEN	OF WHAT COUNTRY
L	( during most of working life eyes if retired)	Farming	Penns	ylvania		υ.	S.A.
	3. FATHER'S NAME Benjamin Ley	dig	14. MOTHER'S MAIDEN N (unknown	IAME ]	McVicke	ers	<del></del>
Ī	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Addres	15	
L	[Ves., na. or unknown] [III yes, give wor or dates of service] 1	<b>9</b> 6-14-6344  J	ohn Leydig,	8018 Ri	dgely (	ak Ros	ad, Towson
Ī	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c) ]	^		1	/ UN	TERVAL BETWEEN
۱	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Carlo	Jas and	on ac	celo.	12	ISET AND DEATH
ı	X3/X DUE TO	Λ	0 0		-1		1
l	Conditions, if ony, which	Berer	Lunea U	rienn	-down	امد	2090
١	gove rise to immediate couse (a), stating the under- lying couse lost.		4				1
١	PART II. OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN	IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
l	200 ACCIDENT WAS UNDERLYING 200 DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I or Part II of	item 18.)		1
	20c TIME OF INJURY Month, Day, Year 20d. It Hour o. m. While at wor	Not while   far	ACE OF INJURY (Home, form, ctary, street, office bldg, etc.	, 20f. (City or to	wn)	{County	) (State)
I	21. I certify that I attended the decease	ed fram 3 -2-0	1960 to	3-28	1960	that I last s	aw the decease
۱	alive on 3 - 2-7, 19(	_	accurred at 1:30 F				
	ACTUAL SIGNATURE	2F/ Cin		ADDRESS (Street,			DATE SIGNE
	PHYSICIAN'S NAME (TYPO)	Fhiller	AMD 840	shoch	Laven	Kenf.	Sub 3/2
	20. BURIAL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY O		224 LOCATION	(C ty, town, or	county)	(State)
	RE90VRI'' 3-28-60	Lybarger Ce	emetery	Buffalo	Mills,	Pa.	
Ł	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	1	RAR'S SIGNATU	
Ιì	William Cook Inc 1217	St Paul Stree	+ LASAT	ተ ብ ብ ነፍበ	1 0 1	- 9 50 .	. 4



02988

		LACE OF DEATH				2. USUAL RESIDENCE (WH	here deceased		n: Residence	before adm	ission)	
	۰	Baltimore		MA	RYLAND	Maryland		b COUNTY	3	3 V 61	-4	
	Ь		outside corporate limits, wri	te C LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If o	·					
		Fort Howa	ard	35 Days		5701 Winne	er Ave	mue, Bali	timore	Mary	and	
	C	OR NOT TUTION	AL (If not in haspital, give st	eet address)		d. STREET ADDRESS		-		ie. (5 R	A FARM?	
		Veterans	Administration	on Hospital	<u> </u>	5701 Winn		nue			□ NO X	
	3 h	NAME OF DECEASED	First	Mid	dle	Last	4. DATE OF	Mon	th	Day	Yeor	
		Type or print)	RICHARI	) E		LICHTENBERG	DEATH	Marc	h	11	1960	
	5. 5	EX	6. COLOR OR RACE 7. N	ARRIED NEVER MAI	RRIED	DATE OF BIRTH		9. AGE (in years	IF UNDER 1	YEAR IF UN		
		Male	White win	OWED DIVOR	CED 🗌	January 16,18		62 yrs.	Months D	ays Hour	rs Min.	
	10o	USUAL OCCUPATIO	ON (Give kind of work done) ing life, even if retired) LYOMAN	106. KIND OF BUSINESS	OR INDUS	RY 11. BIRTHPLACE (State	or foreign co	ountry)	12 CITIZE	N OF WHA	T COUNTRY?	
١		Meter - Wi	reman	Gas & Elec	tric C	o. Baltimore	Mayru	land	U. 3	S A		
/	_	FATHER'S NAME				14. MOTHER'S MAIDEN	J	PRESE RESIR				
	(	Charles F.	Lichtenberg			Mary Felger	r					
	15.	WAS DECEASED EVE		16. SOCIAL SECURITY	NO. 17 IN	ORMANT		Addr	ess			
	[Tes	no, or unknown)	WW I	212-05-6023	2 C11	nical Records	S.VAH.	Balto.18	Md_Ft.	Howar	ed Div	
	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c),										BETWEEN	
		PART I. DEATH WAS CAUSED BY: DECENTED AMODY TATE INTO										
		DUE TO CHRONIC PULMONARY EMPHYSEMA AND SHOCK										
		Conditions if one which										
		Conditions, if ony, which (b)										
		couse (o), stating the under-										
	_	lying cause lost. (c)										
)	S-3. IIIal Loop Urinary Diversion & biopsy, 11ver2/25/80								(o) 19 WA PER YES [	S AUTOPSY FORMED?		
	CERTIFIC	20g. ACCIDENT WA			-	(Enter noture of injury in	Port I or Par	t II of item 18 )				
	E E	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	CAL	20c. TIME OF INJUR	Y Month, Day, Year 20	d. INJURY OCCURRED		CE OF INJURY (Home, farm		r or town)	(Co	unty)	(Stote)	
	MEDICAL	Hour o.m.		hile Nat while	foc	ory, street, office bldg., etc	:-)					
	2	p. m.	,				4.		60	·		
			t (i) (this haspital) att								(we) lost	
			ed olive an March	Ц1960 , а	nd that d	eath occurred at 51	2XY from	the causes on	d an the	dote state	ed above.	
		274 SIGNATURE	18/1	0	34.	ATTENDING M	ED	STAFF			22b DATE SIGNED	
,		Clinica	ack 6 Lyry	your 1917	MIL	D. PHYS DI	IRECTOR 🗌	PHYS 🗽		3	/4/60	
		22c PHYSICIAN'S _NAME (Type)		1 (/		22d. ADDRESS						
		CARIDAD	E. GONZÁLEZ,	M.D		VAH, BALTIN	MORE 1	8 MD. FOR	T_HOWA	RD. DI	VISION	
	23a	BUR AL, CREMATIO		23c NAME OF C	EMETERY OF	CREMATORY	23d. LOCA	TION (City, town,	or county)	(5	tole)	
	1	REMOVAL (Specify)	3/8/60	Reltimo	TO No.	tional Cem	10-7	bdwama 1	farmal - ·	3		
		FUNERAL DIRECTOR		ADDRESS	47-E-116		D BY REGIS		STARY STOR	ATURE		
τ	Jm.	Tickner	& Sons. Inc. No	rth and Per	ma. A	renues. DAMAR	7 '60	Cath	on S. The	NIA.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

page 3 should be detached for use as the bur al-tronsit permit. Then please remove corban papers Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 have after death.

attending physician

remined by the hosping RAL DIRECTOR: After

10 E VR A15 (4) 15M 9/59

in by the funeral director, and 2 should be fitted with

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Baltimore, Maryland



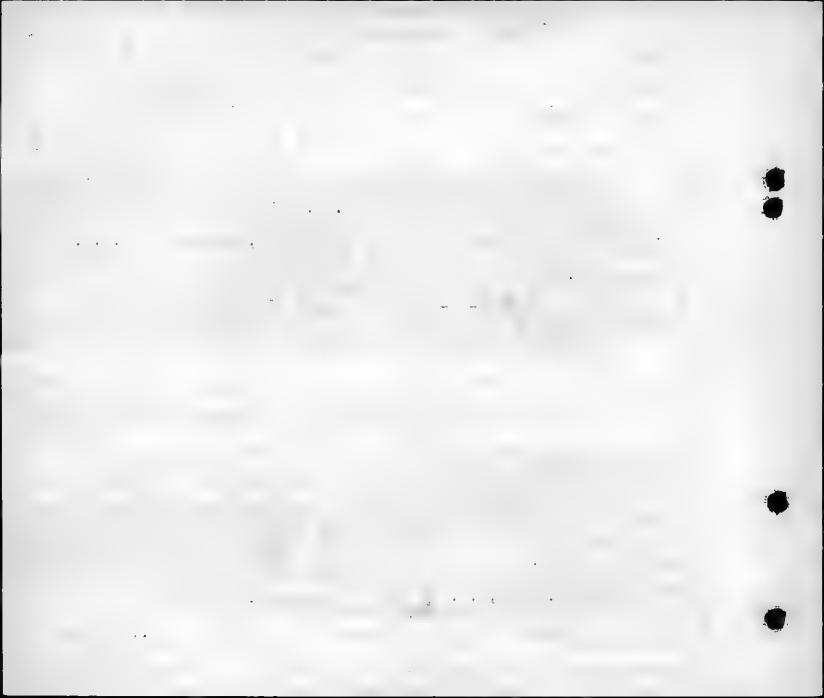
Rea. Dist. No.

CERTIFICATE OF DEATH

	CE OF DEATH OUNTY Balt1	more		MAI	YLAND	2. USUAL RESI 0. STATE MELI	vlan	ere deceased	d lived. If ins	titution INTYBE	Residence	before odm	ission)
b. 0	CITY OR TOWN (If	autside corporate limi arest town)	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	IOWN (If o	ulside corpo	rate limits, wi				wn]
	Sparr	ows Point		37 yea:	rs	X Spa	rrow	s Poi	int (	(19)	)		
d. i	DE INSTITUTION	AL (If not in hospital, g Street	iva street	oddress)		/d STREET A		treet	t			1 ON	ESIDENCE A FARM?
3. NA	ME OF CEASED	Fir		Middl		Les	-	4. DATE OF		Month		Day	Year
	pe or print)	ELIZABET		ANN		NDEMANI	V	DEATH	1	lar	ch 2	4th,	19 60
5. SEX	_	6. COLOR OR RACE	7. MARI	RIECO NEVER MARI	MED 🗌	8. DATE OF BIRT			9. AGE (In y	eors IF		YEAR IF UN	
	male	white	WIDOW			Dec.15			12	yrs.	Admin's L	Days Hour	s Min.
10a. U	SUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPL	ACE (State	ar foreign co	ountry)		12. CITIZ	EN OF WHA	AT COUNTRY
	Midwif			Nursing		Bal	.timo	re, Ma	arylai	ıd	U	.S.A.	
13. FA1	THER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Charl	es F.Huts	son			Car	rolin	e Mil	ller				
15, WA	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0 17.	INFORMANT				Address			
n			2	13-07-67	98A	Benjar	nin L	inder	nann	sar	no a	s #2	
			9	ne for (a) (b), and (c)	100	clar	Cir a	il.	7			INTERVAL ONSET AN	
0	ouse (a), stating t		, de	utch.	Mu	Mits						13	ye,
S S	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION	GIVEN	IN PART	1(o) 19. WA	AUTOPSY
<u> </u> 5L												YES [	00 D
10 10	EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)		CRISE HOW INJURY	OCCURRE	D. (Enter noture o	finjury in P	art I or Port	I II of item 18	.)			
MEDICAL	c. TIME OF INJURY Hour o. p. p. m.	f Month, Day, Yes 19	While	NJURY OCCURRED  Not while of work	20e. PL fo	ACE OF INJURY ( octary, street, affice	Home, farm, bldg., etc.	20f. {City	or town)		(Co	unty)	(Slote)
21	I. I certify the	at I attended the	deceas	ed from A	hy	. 1950	to ·	ner i	٠/ , 19	60,	hat ) la	ist saw the	a decease
1 1	live on2		12		t death	occurred at	7:29	AM, from	n the cause	es and	on the	date sta	ited above
	CTUAL GNATURE	262.47/	_/	Uhrs		м.с50			Road			3/2	5/60
N/	7	ames T.Me	-	M.D.		To	wson	4 Ms	arylar	ıd			
22a. 8t	URIAL, CREMATION	N, 225. DATE THEREC	F	22c. NAME OF CEA	AETERY C	R CREMATORY		22d. LOCAT	ION (City, to	wn, ar c	ounty)	(5)	ate)
	EMOVAL (Specify)	3/28/60	)	Oak La	wn C	demetery	7	Balt	timore	e Co	M C	aryla	nd
23. FUI	NERAL DIRECTOR'S	SIGNATURE	2	ADDRESS		1- 00	24a. REC'E	8Y REGIST			AR'S SIGN		
11	alterle	medol	ma	alle Any	nda]	lk 22	DATHAR	28'60	0	Inthur	8 tu	Austr	

■NYICEN: The law requires that the death certifical be exalued within 24 hams after death. Page 4 D F RAL DIRECTOR: After retificate has been signed by the attending physician and cam; pages should be detached for the burial-transit permit. Then please remove carbon pages the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOUSERS OR may be retained TO FIRE RAL DIRE

in by the funeral director, and 2 shauld be filed with



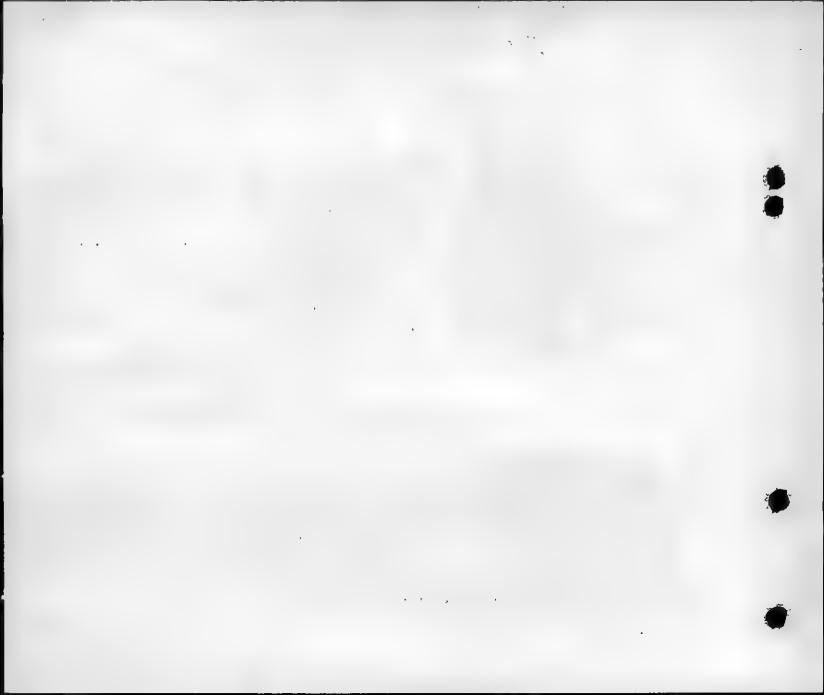
VS A15 (4) 15M 10/57

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		If in by the funeral director,	bs detalles for un as the burial-transit permit. Then pleass smarur carbon gapets ragges 1 and 2 shauld be filled with	1
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	ed by the haspitation attending physician.	RECTOR: After retificate has been signed by the attending physician and compare	for	rior to burial, cremation, ar removal, and in any event within 72 haurs after death
	e ha	: Afi	Te l	urial
	ay th	10 E	Leto	to b
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MARYLAND STATE DEPART 3020 CERTIFI

	ENT OF HEALTH—BALTIM	ORE, 18 (12991)
CA	ATE OF DEATH	Reg. Dist. No.
MD.	2. USUAL RESIDENCE (Where deceased lived o. STATE	If institution: Residence before admission)  Dalbirors
1b	c. CITY OR TOWN (If autside corporate lin	nits, write RURAL and give nearest lawn)

1	PLACE OF DEATH	'i.x.e		MARY	LAND	2. USUAL RESH o. STATE	DENCE (Where	e deceased	lived. If instituti b. COUNTY		ce befor		sian)			
Г	b CITY OR TOWN (If autside carparate limits, write   c. LENGTH OF STAY IN 1b						c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn)									
	RURAL and give nearest town) Rural Towson						A Rural Towson									
	d. NAME OF HOSPITA	AL (If not in haspital, g		address)		d. STREET A	DDRESS					e 15 RES	IDENCE FARM?			
L	OK 11311011011	Glenarm	Road	h		•	Glens	arm R	oad				NO 🗌			
3.	NAME OF DECEASED	Firs	t	Middle		Los	1 4	I. DATE OF	Mor	ıth	Do	у	Year			
	(Type or print)			ry Lourles		dimpr		DEATH	iaro	11	2		19 💯			
5.	SEX	6 COLOR OR RACE	7 MARRI	IED NEVER MARRI	ED 💽	B. DATE OF BIRT	Н	1	P. AGE (In years last birthday)	Months	1 YEAR	Hours	1			
	Penale	1111100	WIDOWE				3,1872		88 yrs	MUMINS	Uoys	nanıı	Min			
100	during most of work	N (Give kind of work ong life, even if retired)	lane 10b.	KIND OF BUSINESS O	R INDUS		,	_		12 CIT	IZEN O	F WHAT	COUNTRY			
	icase		<u> </u>	ELIGIOUS	>		F.ilad		a, _a.		J. 2.	.A.				
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME								
L		Lindinger					olina S	Smith								
		IN U. S. ARMED FORG		SOCIAL SECURITY NO		IFORMANT			Add							
					1 5	Rister II	. Feter	r Fou:	rier	Notch	01:	iff,	1.4.			
Г		TH [Enter only one co	rse per lin	e for (a), (b), and (c).	]						INTE	RVAL BE	TWEEN			
	PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cancer of	lun	ខ្លេន							W & F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	163	DUE TO														
	Canditians, if or															
	gave rise to in couse (a), stating t												-			
	lying cause last.	(c)														
ō	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMINA	At DISEASE	CONDITION GIV	EN IN PAR	[ [(o) ]	PEREC	AUTOPSY RMED?			
2													NO 🗆			
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	). (Enter nature a	f injury in Por	rt I ar Part	II of item 18.}							
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. IN	UURY OCCURRED  Not while	20e. PLA	CE OF INJURY (	Hame, farm, bldg., etc }	20f. (City	or lawn)	((	ounty)		(State)			
ME	p. m.	19		at work												
	21. I certify the	at I attended the	decease	ed from <u> - न्ये,</u> -		, 19 <u>ြင</u> ်	_, ta <u>liki</u>	roll	<u>, 19 (0</u>	,that L	last so	iw the	deceased			
	alive an	rcl. l	_, 12 _	and that	death	accurred at	2.2	M, from	the causes o	and an th	ne dat	le stati	ed abave			
	ACTUAL SIGNATURE	i dile	37	F. N. Dezz	666	Á.D		DORESS (Sin $C = \widehat{D}_{i} C / \lambda_{i}$	eet, cily or town,		11.	- /-	ATE SIGNED			
	PHYSICIAN'S NAME (Type)	Charles F	. C¹D	onnell M.D	).											
220	BURIAL CREMATION REMOVAL (Specify)	3 ~ 5	-60.	22¢ NAME OF CEMI	MAR.	CREMATORY		2d. LOCATI	ON (City, town,	or county)	ows	(Stat	'A			
23.	FUNERAL DIRECTOR'S	SIGNATURE )	901:	S. CONKLIN			240 REC'D E			STRAR'S SIC	SNATUR	RE				
1	MINKER	41 Jullow		BALTOI.	7-4	MD.	DATE M	AR 8	'60	arthur	A. 70	will				

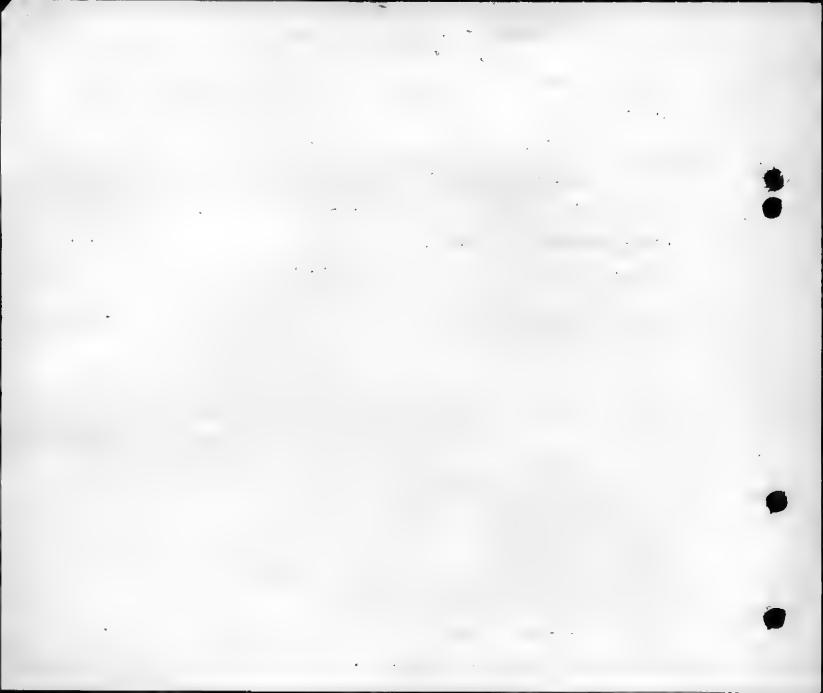




haurs after death. Page

within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH

02993

		CERTIFICA	CIE OI DEATH	Dist. No.				
~	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dec	teased lived. If institution, Resid	dence befare admission)			
1	a. COUNTY	MARYLAND	O. STATE	b. COUNTY	ALTINOR			
7		LENGTH OF STAY IN 16	> < CITY OR TOWN (If outside of	carporate limits, write RURAL an				
	RURAL and give nearest town)	Fry YES	V-					
	d. NAME OF HOSPITAL (If not in haspital, give street add	**	d. STREET ADDRESS	DHRT EFG.	e. IS RESIDENCE			
	OR INSTITUTION		BOX4TH CARR	OU ISLAND RO	ON A FARM?			
	1.60	P FOAD			YES NO			
	3. NAME OF First DECEASED	Middle	Lost 4. DA	h. A. h. a. t	Day Year			
	(Type or print)		, -		19 0			
	S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (in years   IF UND last birthday)   Month	DER 1 YEAR IF UNDER 24 HRS			
No.	MA' & WIDOWED		War Jak	, C yrs				
	10a USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fore	ign country) 12.0	TITIZEN OF WHAT COUNTRY			
	AUTO MECH DO	ELPHIN MEGT	S WEXTH	175	1) JA .			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	GEORGE LITTLE		FLLA PI	上下 子子 ア				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SO	CIAL SECURITY NO	FORMANT	Address	4500			
	130	-07-452	New ISKI ITI	4 ニーハヤムンニ	NIF W ROLD			
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Contonie	- Therando	-12-6-7	ONSET AND DEATH			
	DUE TO	1		,	7			
	Canditions, if any, which )	Cortain	2 avlacion	alcitory	5 mean			
	gave rise to immediate ( Cur To	1			1 / 1			
	twice course lest	U			V			
		STRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN E	PART I(n) 19. WAS AUTOPSY			
)	PART II. OTHER SIGNIFICANT CONDITIONS CON	lander	lutio		PERFORMED? YES NO			
		BE HOW INJURY OCCURRED	), (Enter nature of injury in Part I a	r Part II of item 18.)	125 140			
	200 ACCIDENT WAS UNDERLYING   20b. DESCRI	DE TION HOUSE OCCORNED	, tener norme or injury in rose . s	, , , , , , , , , , , , , , , , , , , ,				
		JRY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f.	(City on toward)	(Caunty) (State			
	Hour a.m. While	_ Nat while fac	tary, street, affice bldg , etc )	(City or town)	(Caunty) (State			
	≥ p. m. 19 at work [	at work						
	21. I certify that I attended the deceased	from You	16, 1956 to 16	rch 7, 1960, that 1	last saw the decease			
	alive on Dec 17 , 19 5	<u></u>		am the causes and an I				
	0 6.11	0 0 M		\$\$ (Street, city or town, state)	DATE SIGNE			
1	SIGNATURE COMMISSION C	rockiej!	8 1725	Gastary 10	Col			
	PHYSICIAN'S A 1 MILLIE IN	2 - 2 - 1 /1/2	4	2 000 21	- 1			
	NAME (Type) A. LEWIS /C	LODNY, MI		reel , LI	Wd			
	22a. BURIAL, CREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d L	OCATION (City, lawn, or count	y) (State)			
	REMOVAL (Specify)	BALTHOP	com. T	トニってニッ	The same			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7	24a. REC'D SY R		SIGNATURE			
	15-01-17 F- 11-20	1401 Bolowto	MAR 9	160 Outline	9 4			

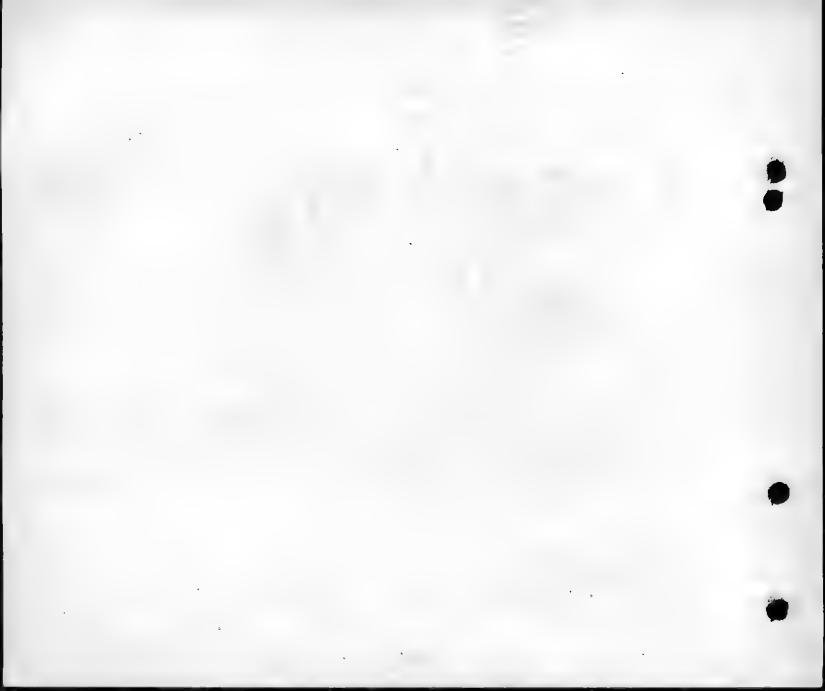
TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 magnetic physician and compared by the haspit. I attending physician and compared to the certificate has been signed by the attending physician and compared to the funeral director, page 3 should be detached for use as the buria-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FE

VS ATS (4) TSM 9/58

N



		STATE DEPARTM	ENT OF HEALTH	H-BALTIMO	RE, 18	
	3024	CERTIFICA	ATE OF DEATH	Н	Reg. Dist	1. No. (1299)
1.	PLACE OF DEATH BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W		If institution: Residence	e befare admission)
	b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	X PAR (	viLLE	s, write RURAL and gr	
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 2.500 Wen Two	. / '	d. STREET ADDRESS	Wentweet	1 Rd	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED [Type or print]	Middle H	Lob6	4. DATE OF DEATH	Month	2 4 1960
5.	SEX M. 6. COLOR OR RAEE 7. MAR WIDOW		B. DATE OF BIRTH  DEC. 25-1	1879 9. AGE lost b	erthday) Manths (	YEAR IF UNDER 24 HRS
10	a. USUAL OCCUPATION (Give kind af wark dane 10b. during most af working life, even if relired)	DOCK YARK	STRY 11. BIRTHPLACE (Stole	ar foreign country)	12.CITIZ	MS LANC
13	FATHER'S NAME WILLIAM	2066	14. MOTHER'S MAIDEN	NAME		
	for me as information and the second		PS RO	SeLL	Address - SAN	ne
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		of the av	nta		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	rterioscler	w 2vs			2,
NOTA	lying cause last.   (c)   PART IT. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL D SEASE COND	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERT F	200 ACCIDENT WAS INDEDIVING TO 1206 DEG	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part Lar Part II of ite	m 18)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a.m. 19 While at wa		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		) (Co	ounly) (State
	21. I certify that I attended the decear	sed from 12-28	accurred at 10.44		uses and an the	t saw the decease date stated above DATE SIGNE
	SIGNATURE & DREW C	47	M.D			3-25:60
		kloven		arford Ro		
L	SPETITIAL, CREMATION, 226. DATE THEREOF SEMOYA. (Specify) 3/28/1910	MORELAND	Memorial	22d. LOCATION (C)	10	Marge)
23	ChAS. F. Evans TS:N 88	12 HARTORD	1111		246 REGISTRAR'S SIG	4.4



VS A15 (4) 15M 9/5B

M	1. PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02995

-				
29	16	7	CERTIFICATE OF DEATH	
J	4	1	CERTIFICATE OF DEATH	

Reg. Dist. No.

	CE OF DEATH	ltimore		MARYL	AND	2. USUAL RESIL	ence (who	ere deceased lived	. If institution b COUNTY		imore		
RL	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown  c. LENGTH OF STAY IN 1b  25yrs					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown							
9 1	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 105 Butler Road				d. STREET ADDRESS 105 Butler Road  o. IS RESIDE								
	ME OF EASED e or print)	Nellie		Mabel Middle	Lo	ng Los		4. DATE OF DEATH ME	rch LO	<b>, 19</b> 60	Day	Year 19	
	emale	White	WIDOW			. DATE OF BIRTH October	21,18	86 17	Birthdoy)	Months Do	EAR IF UN 1ys Hou	_	
10o. US dui	FUAL OCCUPATION ring most of works	N (Give kind of work in a life, even if refired wife	ione 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL Mai	yland	or fareign country			S.	COUNTRY?	
13. FATE	James H	.Doyle				14. MOTHER'S Eliza		ame Rockwell	L				
(Yes, no.	NO DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or doles of s	CES? 16.	SOCIAL SECURITY NO None		·Edgar I	Long	,105 But	ler Ro		ersto	wn,Md.	
Co ge co lyi	PART I. DEAT  156  onditions, if on ove rise to in use (o), stoting to ing couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which mediate the under- (c)	Ge:	ne for (o). (b). ond (c).] neralized reinoma of	t}	ne live	r				1	mos.	
FICATIO		Diab et	es	ONTRIBUTING TO DEAT						EN IN PAKT (	PERI	FORMED?	
Hour a. m. While Not while foctory, street, office bldg., etc.)						(Cou	nty)	(Stote)					
21. I certify that I attended the deceased from 8-26-39, 19, to 3-10-60, 19, that I lost solive on 3-9-60, 19, ond that death occurred o2: 30PM, from the causes and on the death occurred o2: 30PM, from the causes and on the death occurred o2: 30PM, from the causes and on the death occurred o2: 30PM, from the causes and on the death occurred o2: 30PM, from the causes and on the death occurred o2: 30PM, from the causes and on the death occurred o2: 30PM, from the causes are the causes of t								late state	ed above. ATE SIGNED				
NA.	YSICIAN'S ME (Type)	D. D. CE		s, M. D.				town, M					
RE/ B	MOVAL (Specify)	March 13	.1960	Rockey Ri			у	22d. LOCATION (	ck Con	inty.Mo		ote)	
23. FUN	J.F.Elin	e & Sons, R	eiste	erstown, Md.			DATEMAR	BY REGISTRAR		trar's sign. Lug 8. 16			



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3025 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

02996 Reg. Dist. No.

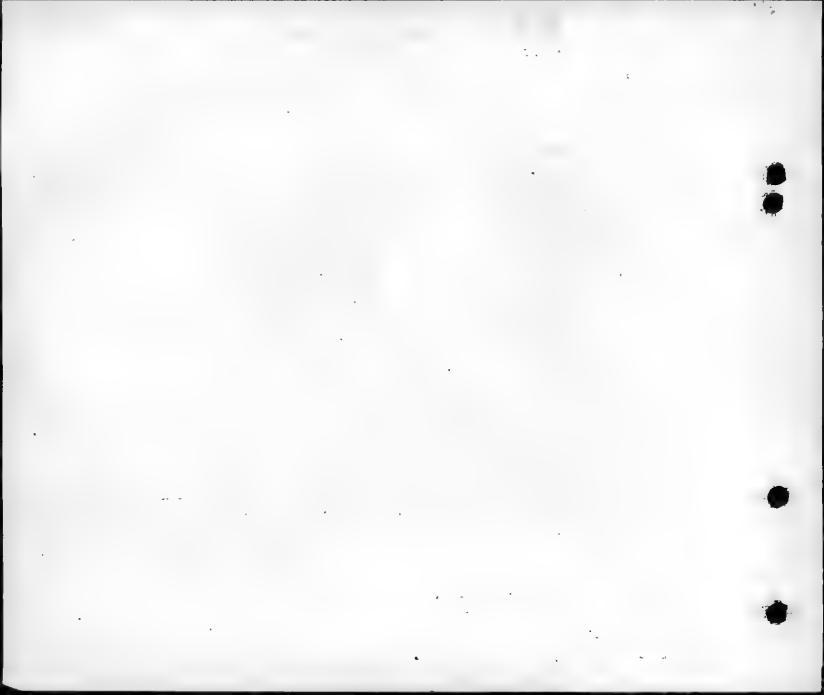
-			0,5
in by the funeral director,	Sers. Rages 1 and 2 should be filed with		M
CTOR: After the certificate has been signed by the attending physician and camp		r ta burial, crematian, ar removal, and in any event within 72 hours after death.	

OR ATTENDING PHYSMIAN: The low mauries that the meath certificate De executed within 14 Hours after death. Page 4

attending physician. erificate has been signed by the attending physician and camp 10 F

VS A15 (4) 15M 9/98

								40		
a. COUNTY	н Baltimore		MARYLI	AND	2 USUAL RESIDENCE (Mars		. If institution b. COUNTY		before odn imore	
RURAL and gi	VN (If autside carporate li ve nearest tawn) nsville	nits, write	c. LENGTH OF STAY IN BlyrlOmthld	[1	c. CITY OR TOWN (IF	outside corporate lin		URAL and give	e nearest to	awn]
OR INSTITUT	OSPITAL (If not in hospital, ION GROVE STATE		address)		d street address				Oh	RESIDENCE N A FARM?
						T				
3. NAME OF DECEASED (Type or print)		ert	Middle		Lowenstein	4. DATE	oh ch	th	29	Year 1960
5. SEX	6. COLOR OR RACI	7. MAR	RIED NEVER MARRIED	2 <b>4</b> 8	DATE OF BIRTH	9. AG	E (In years t birthday)	IF UNDER 1 Y		
male	white	WIDOW	/ED DIVORCED		8-10-1907	5	yrs.	Months De	ays Hau	ırs Min.
10a. USUAL OCCU	PATION (Give kind of wor working life, even if retire	dane 10b	KIND OF BUSINESS OR	INDUST		le ar fareign country)		12 CITIZE	N OF WHA	TCOUNTRY
	working life, even if retire	d)				Maryland		U.	S. A.	
13 FATHER'S NAM					14. MOTHER'S MAIDEN					
hon.	. Lowensteir				Mimmie	Miller				
	DEVER IN U. S. ARMED FO		SOCIAL SECURITY NO	IN	FORMANT		Add	MACC		
(Yes no or unknown) unknown	(If yes, give wer or dates o	service]	Unknown	1	ords: SPRI	NG GROVE	STAT		PITAL	
	DEATH [Enter only one		ine far (a), (b), and (c).]							BETWEEN ND DEATH
PART I	DEATH WAS CAUSED BY	(a)	Coronary thr	comb	osis				ONSE! A	AD DEWILL
1120	DUE 1									
Canditions.	if any, which )	A	rterioscler	otic	cardiovascu	ılar disea	se			
gave rise	lo immediate	b)								
cause (a), sta lying cause	ring the Under-	(c)								
PART II  200. ACCIDEN OR CONTRIBU	OTHER SIGNIFICANT CO		CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIV	EN IN PART 1	PER	AS AUTOPS'
	T WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER	20b. DES	SCRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in	n Part I ar Part II af	item 18.)			
20c. TIME OF I	NJURY Month, Day, 1			loe. PLAI	CE OF INJURY (Hame, for ary, street, affice bldg., e	rm, 20f. (City ar tax	wn)	(Car	unty)	(Stat
Haur o	. m. 19	While at wa		TOCH	ary, siteer, diffice blog., e	16.)				
21 Leartife	y that I attended th	e decea	sed from March	7	19 <sup>60</sup> , to	March 2	9 10 60	that I last	tow the	decease
alive on	March 29	. 19	60	المسال	accurred at 2:00					
dilve oii		112	_oo , and mar d	aeam -	accounted of the State	ADDRESS (Street, o				DATE SIGNE
ACTUAL SIGNATURE	Lun	16/1	" easur	M	D. SPRING			OSPI TA	L 3-	29-60
PHYSICIAN'S NAME (Type)	Stella Wac	hsler	, M. D.		Catonsvi	lle 28, M	arylan	d		
22a FLRIAL, CREM REMOVAL (Spi		OF O	22 MAME OF CEMET	ERY OR	CREMATORY	22d. LOCATION (	City Jown,	or county)	The	State
23 FUNERAL DIREC	TOR'S SIGNATURE X		ADDRESS	Zana	P 240. REG	C'D BY REGISTRAR	24b. REGI	STRAR'S SIGN	ATURE	
Kurn L	ews ne	2	:00 6 WH	الريك	/LORS DATE	MAR 31 '60	C	rthur &	House	



VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3026 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

02997 Rea. Dist. No.

								weak part	. 1791	
1. PLACE OF DEATH	C	4	MARYLAN		STATE		d lived. If institution b. COUNTY	n: Residence	before admi:	ssion)
	imore Coun		c. LENGTH OF STAY IN	15 (	Geor		rote limits write Pl	LPA1 and air	un Danieri Iou	- lan
RURAL and give ne	arest town)		35Yrs.3Mos.		c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town)  Savannah					al.
TOWSON	AL (If not in hospital, g	ive street			d. STREET ADDRESS	ıman			2 /	CIDENICE
OR INSTITUTION			·						ON.	A FARM?
			RATT HOSPITAL		722 Dra	yton S	t.		YES	□ NO/[□
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	h	Day	Yeor
(Type or print)	Edwa	rd	Mills		acLean	DEATH	Mar	ch	7	19 60
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UND	
Male	White	WIDOW	ED DIVORCED	] Sep	tember 27.	1880	79 m	Months	Doys Hours	Min
10a. USUAL OCCUPATIO	N (Give kind of work on his life, even if retired	done 10b	KIND OF BUSINESS OR IN	NDUSTRY	11 BIRTHPLACE (Stote	e ar foreign co	ountry)	12 CITIZ	EN OF WHA	T COUNTRY
Textile Des		'			Georgi	a		TT.	S. A.	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN					
Malco	lm MacLean				Mary Mac	T. Mi	11s			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO 1	7. INFOR		, mrs 1111	Addr	ess		
Yes, no. or unknown) ()	If yes, give wor or dates of a	ervice)	none		Hospital R	Records				
	TH. Fester only one co	use per li	ine for (o), (b), and (c).]		11000110011				INTERVAL 6	ETWEEN
	H WAS CAUSED BY:		de to	1 4	Mari	100-	di		ONSET AND	
1100		1/10	purse of		e judge	run	an		1 4	u
4-20.	DUE TO	1.	,	100	DI Vi					./
Conditions, if on gave rise to in		100	ronary	40	-Callerin	4			10	7 ary
couse (a), stating t		6	, AVB		0	a*			5	r
lying cause lost.	) (c		m. /416	ni	occeso.	us				r
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1	I(o) 19. WAS	AUTOPSY ORMED?
3 00	UBO/SI	we	me /lea	ch	un /00	22:	14/20	2		NO 🗌
PART II. OTH  S C  200 ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED (En	ler naturø⁄af injury in	Part I or Part	II of Jem 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	ır 20d. I	NJURY OCCURRED 20e	PLACE C	F INJURY (Home, form	m, 20f. (City	or lown)	(Co	ounty)	(State)
Hour o.m.	19	While	Not while	foctory,	street, office bldg., etc	c.)		·	**	` '
				- 1	10 70 . 10	111111	. 5/			
1/1/2	of Farrended rne		sed from S. J. fr. 7	k	, 19.30, to 1	TOTO	S	"that I la	ist saw the	deceased
alive on #110	ran	_, 199	$2Q_{-}$ , and that de	ath acc	urred at 2:53					
ACTUAL <	111160		,		20. 2		reet, city or town,	itole)	D	ATE SIGNED
SIGNATURE	rivix	91111		M.D.	March	17 <b>, 1</b> 9	60			
PHYSICIAN'S W	. W. Elgin	) M.			The Shepp				Hospit	al
220. BURIAL CREMATION	4, 22b DATE THEREO	F	22c. NAME OF CEMETER	Y OR CRE	MATORY TOWSOT	7787 LOCA	ION ICTY, IOWR, O	r county)	(5to	ite)
REMOVAL (Specify) Removal	Mar. 8.19	960	Bonaventure							
23. FUNERAL DIRECTOR'S			ADDRESS		24a. REC	D BY REGIST	nah Geor	TRAR'S SIGN	NATURE	
2, m. 1. 7;	clasery	In.	c. Bultimor	sex G		dan 8 "		Jhan R	tu. K.	



### FOR STATE HEALTH DEPT.

delay is necessary, please funeral director. Page ained for your files. NEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, within the world "pending" in pencil in them 18. Give Pages 1, 2, and 3.2, 12, funerally be farworded to the first Medical Examiner's Office along with form PM3. Page 5 of the funerally be farworded to the first Madrid be used as a buriol-transit permit. File pages and 2, 2, 1 the slate its designated agent, priar to buriol, cremation, or removal, and in any event within 2 hours after death.

DEPUTY

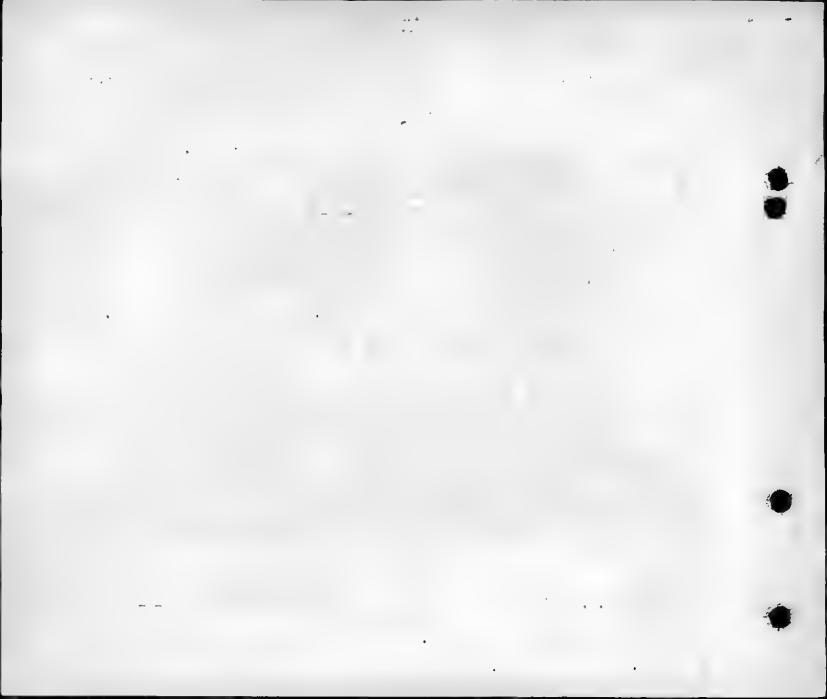
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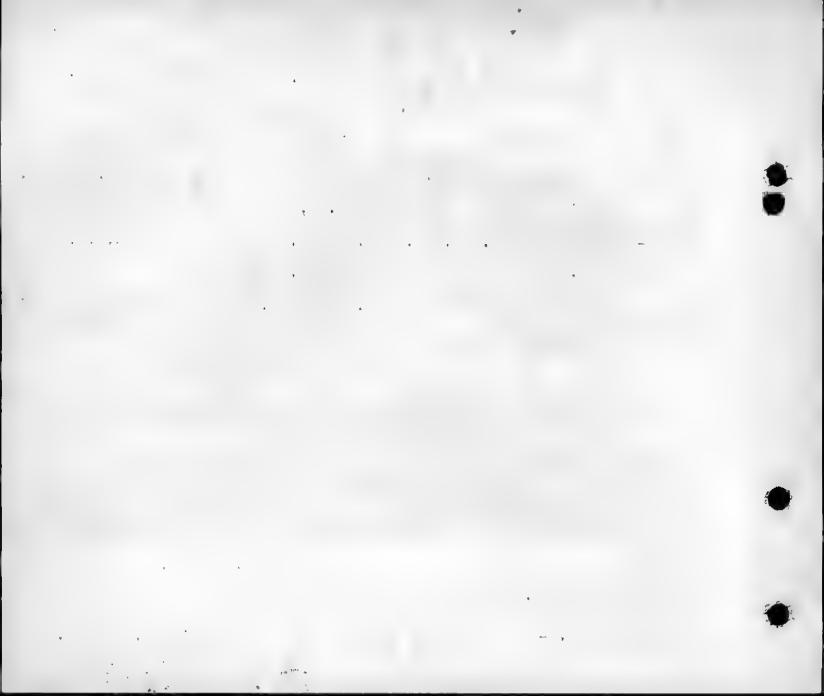
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3027

02998 Rea. Dist. No.

), Pl G.	ACE OF DEATH	4				_	sed lived. If institu		efore odm isron)			
		<u>ltimore</u>		MARYLAND		aryland		alt	imore			
b.	CITY OR TOWN (If and give nearest town)	autinde corporais hierts, writ	te RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	Sparrows Point 19					Park 6						
d.	NAME OF HOSPITA	AL OR INSTITUTION	(If not in hos	pitol, give street address)	d STREET ADD	RESS			on A FARM?			
	Rethleh	em Steel D	isnons	27777	103	Choptank	Ave		YES NO 19			
3. N	AME OF ECEASED	Fi		Middle	Lost	4. DATE	Month	b Day	Year			
	ype or print)	XMXXXXXX	_W_177	1 000	Mallo	OF DEATH	March	1 5 1960	19			
S. SE	Х	THE RESERVE THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA		D XNEVER MARRIED 6		)I)	9 AGE (In years	IFUNDER TYEAR				
	M	W	WIDOWER	DIVORCED [	5-11-19		lost birthday)	Months Days	Hours Min			
10o.	USUAL OCCUPATION	N (Give kind of work g life, even if retired)	done 30b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN C	F WHAT COUNTRY?			
-	Pit rec			Steel	Mary	uland.		USA				
13.	ATHER'S NAME	AT-44B			14. MOTHER'S MA	IDEN NAME		USM				
	William	A. Mallo	n		Marga	not OlCa	nna a					
15.	WAS DECEASED EVI	ER IN U 5 ARMED FO	RCES? 16	SOCIAL SECURITY NO 17. H	VEORMANT	cer o Co	NO/L Address					
ĮYes,	ne, or entrown)	(If yes, give wer or dates of	tervice)	5-01-0382 A	Jan : 11 41	1/an 10	2 Chart	-6 1. 4	1-6			
	yes 1	TH [Enter only ane co	un per line		aomi 11.14	illon 10	Σ Επορχα	nk Ave. #	ERVAL BETWEEN			
		H WAS CAUSED BY:	-					ONS	ET AND DEATH			
	13	IMMEDIATE CAUSE (o	, Gor	onary Occlus	ion							
	4	/ DUE TO										
	Conditions, if a		}									
	gave rise to immed [a], stating the c											
	couse last.	(c	)									
8	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO THE	E TERMINAL DISEA	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
CATION									YES NO X			
FIE	20g. EXTERNAL CAL PRIMARY OF COP CAUSE OF DEATH.	ISE WAS	Ob DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury	in Part I or Part I	of item 18 )					
3	20c. TIME OF INJUI	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED   20e PLA	CE OF INJURY (Hom	a. form. 120f. fCd	y or lown)	(County)	(Stote)			
EDICAL	Hour e.m.	19	While	Not while fact	ory, street, office bld	g., elc.)		(**************************************	(2.5)			
2	p. m.			rk at work	us hald as A	A	FE1		1			
1 I				emains described abo		_			promety .			
	opinion death	resulted from:	Natural c	auses 🔼 , Accident	∠], Suicide [	J, Hamicide	Undete	rmined mann	er			
	/	ma	A	72					DATE SIGNED			
	ACTUAL SIGNATURE		0.0	wi Ma	_M.D CHIEF MED	CAL EXAMINER			DATE STOTICE			
	EXAMINER'S				ASSISTANT	MEDICAL EXAMIN	ER 🗀					
	NAME (Type)	M.B. Davis	MD		DEPUTY ME	DICAL EXAMINER	-X 3	-5-60_				
22a.	BURIAL, CREMATIC	N. 22b. DATE THERE	DF .	72c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(State)			
	-REMOYAL (Specify)	13/9/60		Balto Natio	nal Cemes	tone Ba	ltimore	M	nuland			
23. /	UNERAL DIRECTOR	S SIGNATURE		ADDRESS		RECO BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNATU	RE			
6	John A. A	bran 30	UD 5.	Baltimore St	reet o	MAR 1 0	'60	Inthur S. Hi	au4			
. 0			1				I					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

772 6 month

PERFORMED? YES NO P

INTERVAL BETWEEN ONSET AND DEATH

e. IS RESIDENCE

Day

6,

Days

ON A FARM?

YES NO

Year

10

Hours

60

(County)

(State)

March 6 1960 that I last saw the deceased DATE SIGNED

24b REGISTRAR'S SIGNATURE

DATE

MI



in by the funeral director, and 2 should be filed with

24 haurs after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03001

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

5		
M-)	1	P
		Ь
111		C

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within etained by the hasp:

AL DIRECTOR: After the etailities has been signed by the attending physician and comp. more retained by the hasp. Certificate has been signed by the attending physician and camp page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

10 E VS A15 (4) 1SM 9/58

/							-				
4	1 PLACE OF DEATH o. COUNTY	33.4.4		MARYLA	- []	USUAL RESIDENCE (WHO STATE	ere decease /land	d lived. If instituti b. COUNTY		e before o	
Ι		atimore	ts. write	c LENGTH OF STAY IN	d 1h	c. CITY OR TOWN (If a		cote timits, write R			V
	RURAL and give ne			2yr6mth16dy		•	,	aryland	Ourt one g	-	V
	d. NAME OF HOSPIT	KIO VIIIE  AL (If not in hospital, g			3	d. Street Agencess	001 9 1	aryland			S RESIDENCE
F	OR INSTITUTION	ROVE STAT		SPITAL		467 Dakwood	Road				S NO
	3. NAME OF	Fir		Middle		Last	4. DATE	Mon	a L		Year
	DECEASED (Type or print)	Mam	ie	Lucrici		Masarone	OF DEATH		15	Day	19 60
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	_	DATE OF BIRTH		9. AGE (In years lost birthdoy)	-		UNDER 24 HRS
	female	white	WIDOWE	DIVORCED		October 26,	1892	67 yrs	MOITHS	Julys   Ho	JUIS MIIN
	10a. USUAL OCCUPATIO	ON (Give kind af work a ting life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WH	HAT COUNTRY?
	house					Maryland	3		U.	S. A	
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
)	George I	owe			1	Jessie To	lson				
	15. WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes, give war or dates of a	CES? 16.	SOCIAL SECURITY NO	INF	DRMANT		Add	ress		
	unknown			nknown	Rec	ords: SPRIN	IG GR	OVE STA	TE HO	SPITA	L
			use per lin	ne for (a), (b), and (c).]						INTERVA	AL BETWEEN AND DEATH
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (d.	Cex	ebral vascu	ılar	accident				GIASET ,	ALLO DEALLI
	260X	DUE TO									
	Conditions, if a		Ar	teriosclero	tic	cardio vascui	lar di	sease			
	gove rise to is couse (a), stating										
	lying couse lost.	) (c	,	abetes mell							
1	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GO	VEN IN PART	1(o) 19 V	VAS AUTOPSY ERFORMED?
1	SI CONTRACTOR OF THE CONTRACTO									YE	S NO 🔀
	(IF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature of injury in I	Port I or Par	rt    of item 18.}			
	Y 20c. TIME OF INJUR Haur o. m.	Y Month, Day, Yes				OF INJURY (Home, form y, street, office bldg., etc		y ar town)	(Co	ounty)	(State)
	Haur o.m.	19	While of work	Nat while	100101	y, siresi, vince blog., e.c.	1				
	21, I certify th	at I attended the	deceas	ed from Marc	h 12	, 19_60, to	March	1 15 . 1960	that I las	t saw th	ne deceased
						ccurred at 3:35)					
		^	- 4	4			ADDRESS (S	itreet, city or town,	state)		DATE SIGNED
	ACTUAL SIGNATURE	Stella	4/a.	clever	M.I	SPRING (	GROVE	STATE	HOSPIT	AL 3	3-15-60
	PHYSICIAN'S	Stella Wac	halas	. W D		Coton arri	. a. 09	Manuelas			
	220. BURIA., CREMATIO					Catonsvi.				And the second day day day for the	A. A. A. A. A. A
	REMOVAL (Specify)	3-18-60	7.	Mt. Oliv			1	TION (City, fown, ndallsto			(Stole) R.m.d
	23 FUNERAL DIRECTOR			/ ADDRESS			<u> </u>		STRAR'S SLG		
	trem 1	/ // //	28 3	tiberta R.S.	Pa an	A Training	ARY 2EGIS	60 C.	ring S.	Thomas.	`*

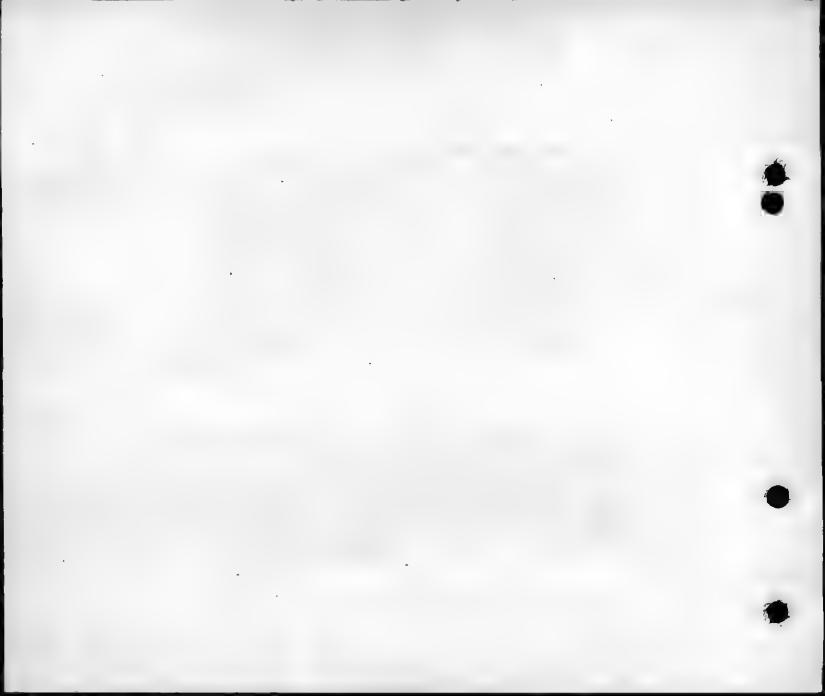


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03002

	2905 CERTIFICATE OF DEATH
1.	PLACE OF DEATH  a. COUNTY  B. / In D. E  MARYLAND  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  A. NAME OF HOSPITAL (If not in hospito), give street address)  OR INSTITUTION  PLACE (Where deceased lived. If institution Residence before admission)  b. COUNTY  B. / In D. E  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  The lay  A. STREET ADDRESS  OR INSTITUTION  PROBLEM  A. STREET ADDRESS  ON A FARM?  YES NO.
	NAME OF DECEASED  (Type or print)    A. DATE OF DECEASED  (Type or print)    A. DATE OF DEATH   Day Year OF DEATH   Print   Pr
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	FATHER'S NAME  Tommy Mc Cloney  Was Deceased Eyer in U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Address  Address
(Ye	No   [If yes, give war or dates of service] 215-09-4817 Mary E.M. Claurey 1825 Clark B(w. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse (ost.)  (c)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (os.)  Stoling the under- lying couse (ost.)
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of Item 18.)
MEMICAL CERTIFE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 of work of work of work 19 o
	27. I certify that (I) (this haspital) attended the deceased fram.  1960, to McL. B., 1960, that (I) (we) lass saw the deceased alive an March 171960, and that death accurred at 29.M, fram the causes and an the date stated above 226 SIGNATURE  27. I certify that (I) (this haspital) attended the deceased fram.  28. I saw the deceased alive an March 171960, and that death accurred at 29.M, fram the causes and an the date stated above 226. DATE SIGNATURE  29. I saw the deceased alive an March 171960, and that death accurred at 29.M, fram the causes and an the date stated above 226. SIGNATURE  29. I saw the deceased alive an March 171960, and that death accurred at 29.M, fram the causes and an the date stated above 226. SIGNATURE  21. I certify that (I) (this haspital) attended the deceased fram.
	22c PHYSICIAN'S NAME (Type) ABAYUM baugh 22d. ADDRESS 4-60 7 main all and a superior and a super
24	BURIAL, CREMATION, 236 DATE THEREOF  REMOVAL (Specify)  3 12160  Meddow ridge Cometery Bolt, more Marylond  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  23c NAME OF CEMATORY  CITY, IOWN, or county)  (Stote)  ADDRESS  25d REC'D BY REGISTRAR'S SIGNATURE
4	Imbrose Tro. 1328 Sulphur Spring Rd DATE MAR 9 '60 aritum S. Krous

TOP VR A1S (4) 15M 9/59



director

physician

hours

2 ottending

0

after deoth.

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Baltimore a. COUNTY o. STATE Maryland **b.** COUNTY Baltimore MARTINESS. b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Marsh Vears White Marsh d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS Private Residence or institution of ins e. IS RESIDENCE ON A FARM?\_ Pilgrim's Rest. Vincent Rd. YES IND IN 4. DATE Month DECEASED WALTER GIBBS McKENNEY March 27,1960 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last buthday) white male August 11.1874 WIDOWED # DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: during most of working life, even if retired) Westmoreland County. Retired Methodist Minister USA Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas McKenney Marv 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT W. Gibbs McKenney, Jr. 102 Estes no 18. CAUSE OF DEATH [Enter only one cause per line for (9), (b), and (c) ] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? YES TO NO 20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Doy, Year 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o.m. While Not while p. m. of work of work 21. I certify that I attended the deceased from 60that I last saw the deceased

and that death accurred at 5. A.M. from the causes and on the date stated above ADDRESS (Street, city or fown, stole) ACTUAL SIGNATURE

PHYSICIAN'S BALTIMORG-2 NAME (Type)

220. BURIAL, CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) Burial Mar.30.1960 Camp Chapel Cemetery Baltimore Co. Md

24o, REC'D BY REGISTRAR MAR 3 1 '60 24b REGISTRAR'S SIGNATURE arthur S. Kraus

2 V5 A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH 3032 CERTIFICATE OF DEATH

03904

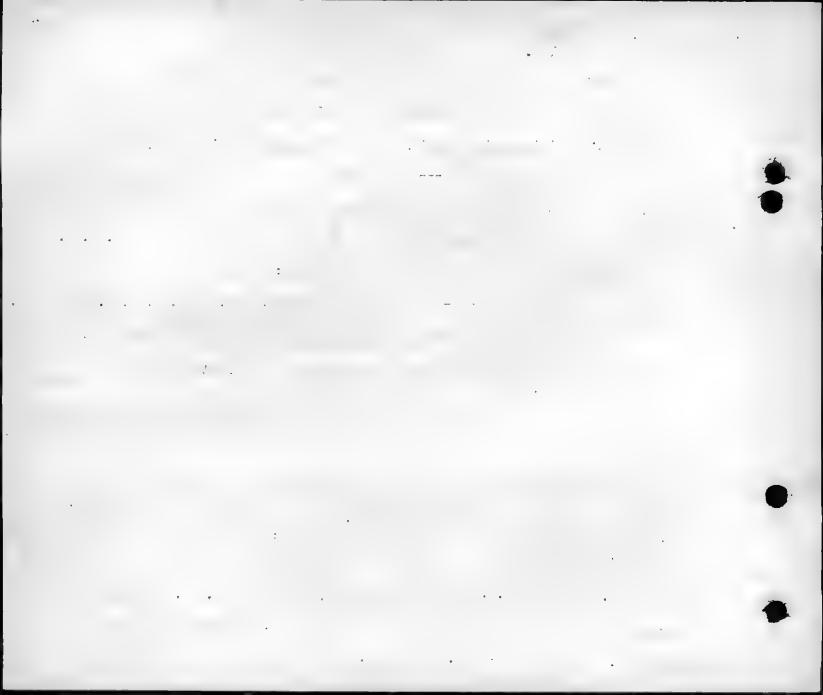
			~~		CEKTIF	CAI	OF DEATH			
1	1. P	LACE OF DEATH					USUAL RESIDENCE (Who	ere deceased lived. If institu		before admission)
	a	Baltimore			MARY	LAND	Maryland	b. COUNT	f	
and a	lb	CITY OR TOWN (If outside corpor RURAL and give nearest town)	rate limits, w	rite c LE	NGTH OF STAY	IN 1b	c. CITY OR TOWN (IF or	utside carporote limits, write	RURAL and give	e negresi town)
		Fort Howard			22 Days		Baltimore		3	V3114
PH.	C	OR INSTITUTION	spitol, give s	treet addres	5}		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
		Veterans Adm	inistr	ation	Hospita	1	812 West	Franklin Stre	et	YES NO
	3. N	NAME OF DECEASED	First		Middle		Last	4. DATE Me	onth	Doy Year
		Type or priet)	RENGE			1	<b>EXERS</b>	DEATH Mar		1960
	\$ 5	SEX 6 COLOR OF	RACE 7	MARRIED [	NEVER MARRIE	8 <b>Q</b> 0	DATE OF BIRTH	9. AGE (In year lost birthday)		YEAR IF UNDER 24 HRS. Dys Haurs Min
		Male Colo	red WII	DOWED 🗌	DIVORCE		uly 20, 1885	/ -1	5. The state of th	
	10a.	. USUAL OCCUPATION (Give kind of during most of working life, even if	f work done	106 KIND	OF BUSINESS O	R INDUSTR		* ''		N OF WHAT COUNTRY?
		Planer		Lum	ber Mill		Baltimore	, Maryland	U,	. S. A.
\	13 1	FATHER'S NAME					14 MOTHER'S MAIDEN N			
		Tom Meyers					Laura MN:	Unknown		
/		WAS DECEASED EVER IN U. S. ARM . no, or unknown) (If yes, give wor or	ED FORCES?		L SECURITY NO		DRMANT		dress	
		Yes WW I		212-	03-5478	Cli	nical Record	s,VAH,Balto.	LU, Md.F1	t. Howard Di
		1B CAUSE OF DEATH [Enter only				D DT	LATION OF TH	E HEART DHE TO	}	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS IMMEDIATE C		Y P DRAI		世生	MOSIS AND M	TRAL INSUFFI	CIENCY,	UNINOWN
		421.1 3	PX5CR M	ARKED	m n					
		Conditions, if any, which		HRONIC	PASSIV	E CON	GESTION OF I	UNGS LIVER	IND CIVI	
gave rise to immediate cause (o), stoting the under-							3 WEEKS			
	_	lying cause lost	(c)							
_	6	PART II, OTHER SIGNIFICAL	AT CONDITION	ons <u>contr</u>	BUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
ź,	2									YES 🔀 NO 🗌
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	DEATH 20b.	. DESCRIBE	HOW INJURY O	CCURRED	(Enter noture of injury in P	ort I or Port II of item 18 )		
								1		
	MEDICAL	20c. TIME OF INJURY Month, D Hour a.m.	V	20d INJURY While I	OCCURRED  Nat while		E OF INJURY (Home, form ry, street, affice bldg , etc.		(Cou	uniy) (State)
	M.	p. m			ot work					
		21 I certify that My(this ho	aspital) at					March 1	1960	i mai fil fuel ida
		saw the deceased alive ar	March	1	19 <u>6</u> 0, and	that de	th accurred af12:	65 fram the causes o	ind an the c	
		274 SIGNATURE	6	1	1.0	. 11.	TATTENDING ME	D STAFF		226 DATE
		22c PHYS CIAN'S	- /	10m	Jace	MIX	PHYS 🗌 DII	RECTOR PHYS		3/2/60
		NAME (Type)	T PO	MD (			22d ADDRESS	2.0 265 750	TICLIADD	DTVFQTON
.7		CARIDAD E. GONZA		M.D.				18, MD. FT.		DIVISION
1	23a	BURIAL, CREMATION, 23b. DATE	IHEREOF	1 . 1	NAME OF CEM			2: LOCATION (City, town	,,	(Stote)
	- 1	FUNERAL DIRECTOR'S SIGNATURE	7 794		ltimore ADDRESS	Nati		yl Baltimore,		
			70			oe St		D BY REGISTRAR 255. REG	GISTRAR'S SIGN	ATURE
4	10	Lington S. Philli	.ba ro	00-10	M. PDAT		.,Balto DATE	R 7 160 C	. 8 1	Compt.
						alle (	9 1 14 6			

may revained by the haspit attending physician.

O FL (A1 DIRECTOR: After errificate has been signed by the ottending physician and comp poge 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers, ages the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 E VR A15 (4) 1SM 9/S9

in by the funeral director, and 2 shauld be filed with 24 hours after death Page 4

N



o COUNTY MARYLAND Baltimore b. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)

LENGTH OF STAY IN 16 105 Days

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland **b** COUNTY Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Salisbury

d. NAME OF HOSPITAL (If not in hospital, give street address) Veterans Administration Hospital

Fort Howard

d STREET ADDRESS

IS RESIDENCE ON A FARM? 810 East Church Street YES NO IN

NAME OF Middle Last Month Year DECEASED H. EDWIN MORRIS March 17, 1960 DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIEDE NEVER MARRIED 9. AGE (In years 5. SEX B DATE OF BIRTH 65 yrs Months Doys Male White WIDOWED [ DIVORCED [ November 11, 1894

10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) during most of working life, even if retired) Self-employed Timberman

Pittsville, Maryland 14. MOTHER'S MAIDEN NAME

12 CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME

PLACE OF DEATH

Cordelia Bailey

ARTERY

Manilus Morris 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Clinical Records. VAH. Balto. 18. Md. Ft. Howard Div. Yes Yes None CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

PART I. DEATH WAS CAUSED BY: THROMBOSIS. MIDDLE CEREBRAL IMMEDIATE CAUSE (o) INFARCT, RIGHT Conditions, if ony, which

HYPERTROPYY AND MINTATATION OF HEART

UNKMOMN

INTERVAL BETWEEN ONSET AND DEATH

MONTHS

gove rise to immediate couse (a), sloting the underlying couse lost

Hour o. m.

XXXX OLD MYOCARDIAL INFARCTION UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) HEMIPTEGTA

19 WAS AUTOPSY PERFORMED? YES 📉 NO 🗀

206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Doy,

20d. INJURY OCCURRED Not while at work at work 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

21 I certify that (1) (this haspital) attended the deceased from December 3., 1959., to March 17 ., 1960., that (bc(we) last \_19.60, and that death accurred at 6:00 from the causes and an the date stated above saw, the deceased alive an March 226 SIGNATURE 22b DATE

M D

22c PHYSICIAN'S CARIDAD E.

ATTENDING MED DIRECTOR [ STAFF PHYS PHYS 22d ADDRESS

160 ED

(Stote)

230 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, lown, or county)

BALTO.18.MD. FORT HOWARD DIVISION

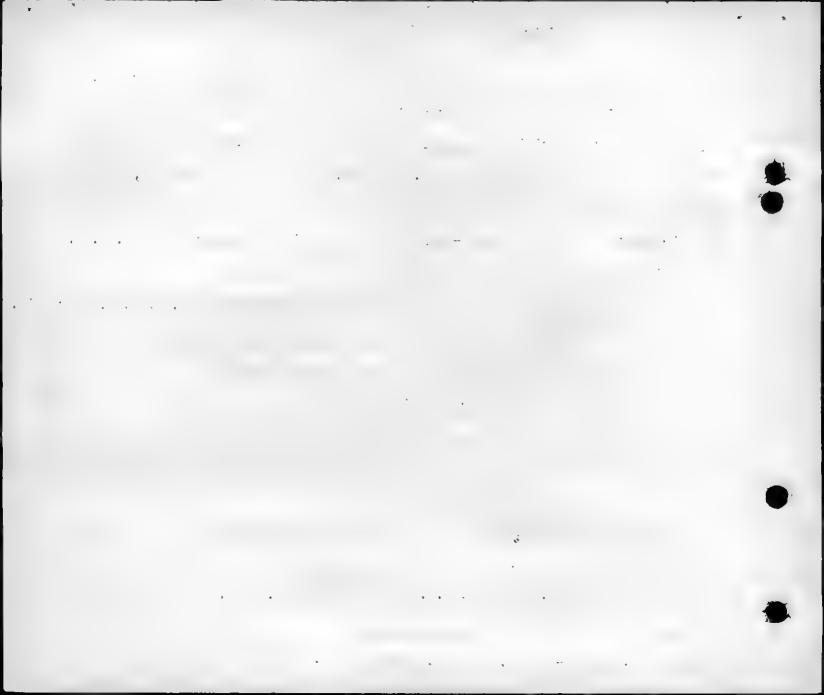
Buri al 24 FUNERAL DIRECTOR'S SIGNATURE Parsons Cemetery

Salisbury, Maryland 250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Cothur & Kraves

Hill and Johnson - 705 E. Main St., Salisbury, Md. DATE MAR 21 '60

GONZALEZ.



03006

in by the funeral director, and 2 shauld be filed with

24 hours after death. Page 4

retained by the hospir attending physician.

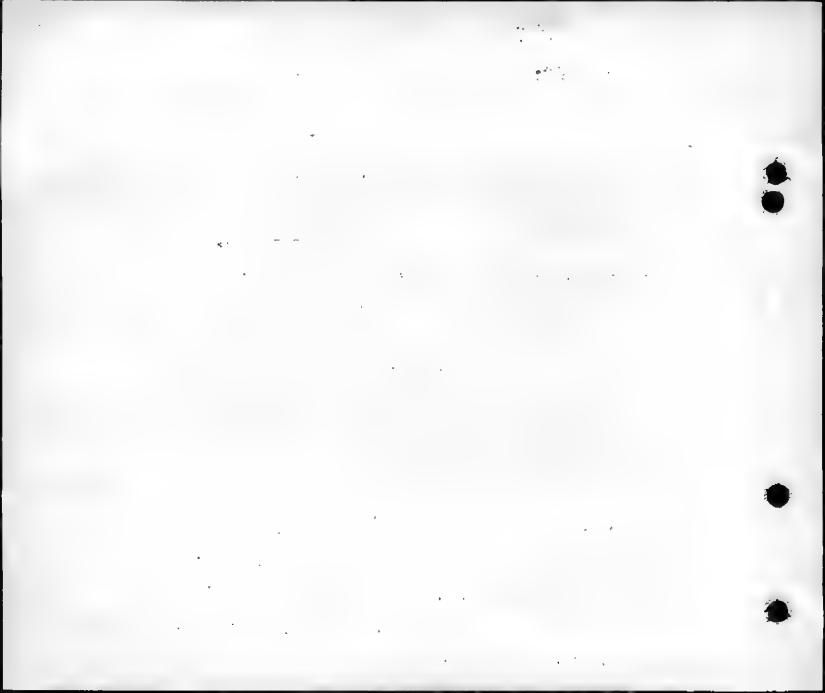
AL DIRECTOR: After retificate has been signed by the attending physician and cample at DIRECTOR: After retificate has burial-transit permit. Then please remove sarbes poper gistrar priar to burial, cremotion, or removal, and in any event within 72 haurs after death.

majures that the Both certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: THE IOW

page 3 should the registrar p E 0 VS A1S (4) 15M 9/S8

				CERTI	FICA	ATE OF L	JEAIT	1		Reg. Dist	No.	
1.	PLACE OF DEATH	timore		MARY	LAND		DENCE (Wh		lived. If institution by COUNTY	-	before odm	ission)
	b. CITY OR TOWN (IF RURAL and give ne Catons vi	arest lown)	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR	OWN (If a	ulside carpora	ate limits, write R	URAL and gi	ve nearest for	wn}
1	d. NAME OF HOSPITA OR INSTITUTION PRING GRO			JTAL		315		ide Av	enue		ON	A FARM?
	NAME OF DECEASED (Type or print)	Fii E	mi L	Middle	Ne	iderhaus		4. DATE OF DEATH	March March		24 24	Year 19 60
	amle	6. COLOR OR RACE White	7. MARRI WIDOWE	ED □ NEVER MARRII		B. DATE OF BIRT 1875	Н	Ş	P. AGE (In years loss birthdoy) Out yrs.		YEAR IF UN	
100	USJAL OCCUPATION during most of work		dane 10b. (	KIND OF BUSINESS O	R INDU	STRY 11 8IRTHPL	ACE (State	or foreign cou	intry) zerlano	/	NOF WHAT	COUNTRY?
13.	FATHER'S NAME - LUNKTHOWN	C 1	Noi	derhause	n.	14. MOTHER'S	MAIDEN N	Λ	na ?			
(Ye	WAS DECEASED EVER	3 0 40 V - 4 0 c l	ervice,	social security no nknown		ords: 5	SPRIMO	GROVE	Addi STaTa	HOSI.	T. T.	
	18. CAUSE OF DEA	TH [Enter only one co IH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	Pu Pu	e for (a), (b), and (c).	]	osis and				240	INTERVAL ONSET AN	BETWEEN D DEATH
	Conditions, if are gave rise to in couse (a), stoting I lying couse lost.	nmediate (	)	terioscler	otic	cardio	vascul	ar dis	seas <b>d</b>			
CERTIFICATION			DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY FORMED? NO
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE	O (Enter nature o	f injury in F	Part I or Part	I. of item 18)			
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Ye	ar 20d IN While at work	JURY OCCURRED Not while	20e. PL fac	ACE OF INJURY ( tary, street, affic	Home form bldg , etc.	20f. (City	ar town)	(Co	unty)	(Stote)
	olive on	of I offended the	/			occurred at	4:10p				dote state	ed obove.
	ACTUAL SIGNATUREPHYSICIAN'S	27 - W - 25 - W	- 4	y a ware		M.D. SPR		ROVE	Mary La	HOSPIT	AL 3-	24-60
220	NAME (Type)  BURIA., CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	sler. 50	22c. NAME OF CEMI	Par	R, CREMATORY	,		ON (City, town,	or county)	. 1	ote)
23.	FUNERAL DIRECTOR:		//	ADDRESS Harford R				MAR 3 0	AR 24b. REGI	STRAR'S SIGI	NATURE	



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3035 **CERTIFICATE OF DEATH** il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE o. COUNTY b. COUNTY MARYLAND death. funerol old be fi b. CITY ORTOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) phoods d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF Middle DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BYETH AGE (In years lost bir Hiday) DIVORCED [7] WIDOWED | 10a. USUA/OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) Valernen 13. FATHER'S NAME 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (II yes, give war or dates of service) oftending p 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Hour o.m. Not while of work of work p. m. 21. I certify that I attended the deceased from (cd. 19\_\_\_\_that I lost saw the deceased \_\_\_\_, and that death accurred at 6 .\_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) Milton B. Kirsh, M.D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAMS OF CEMETERY OR CREMATORY 22d LOCATION KIN town, or county) REMOVAL (Specify) O 23 AUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4)

15M 10/57

e IS RESIDENCE

ON A FARM? YES NO IN

IF UNDER 1 YEAR IF LINDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 🗗

> > (Stote)

1 Cm

12. CITIZEN OF WHAT COUNTRY?

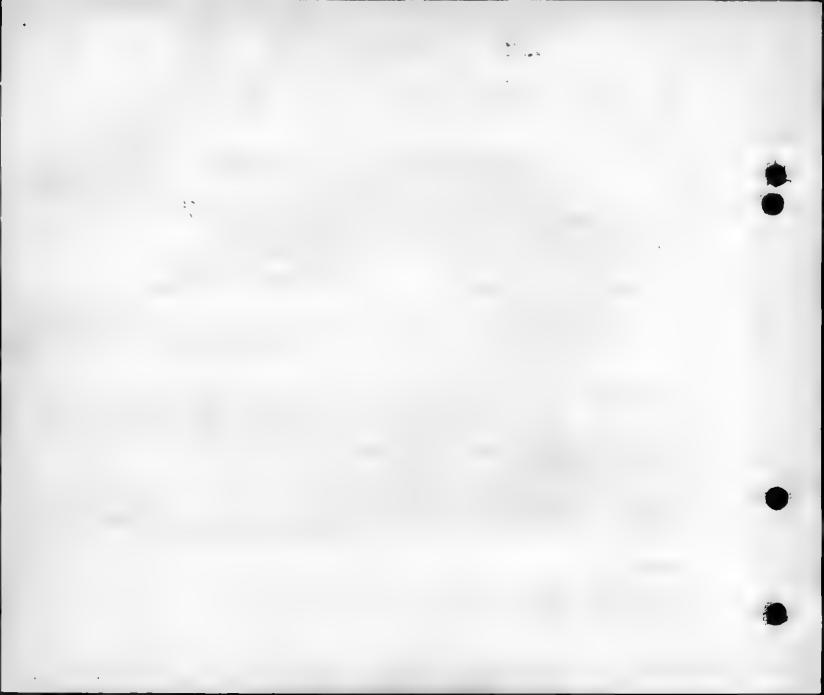
Days

(County)

arthur & France

Reg. Dist. No

Manths



VS A15 (4) 15M 9/5B

X

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2	912	CERTIF	ICAT	E OF DE	ATH			Reg. D	Dist. No	) <u>.</u>	( ) = 0
PLACE OF DEATH	ltimore		MARYLA		usual residence o. STATE		deceased liv	ed. If institut b. COUNTY			ore admiss	ноп)
	If outside corporate lim	ile write	C LENGTH OF STAY IN	16	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL ond give n		113, WILLS						limits, write K	UKAL ON	1 Bise us	CL621 IOMI	13
Reisterst			50 yrs	•   X	Reister		rn				-	
d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR NSTITUTION Piney Grove Road				1	d. STREET ADDR						e, IS RES	SIDENCE A FARM?
Piney Gr	ove Road				Piney (	Grove	Road					NO []
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4	. DATE	Mor	oth	Do	зу	Yeor
(Type or print)	Mary		S.	ε	sborn		OF DEATH N	larch	15.19	260		19
5. SEX	6 COLOR OR RACE	7. MADE	RIED INEVER MARRIED		ATE OF BIRTH							ER 24 HRS
Female	White	1				1877	4	GE (In years ost birthdoy)	Months	Doys	Hours	Min.
		WIDOWI			· · · · · · · · · · · · · · · · · · ·		C	2 yrs.	10.51		F-101174	COLUMN TO SAN
during most of war	king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	III. BIRTHPLACE	(Stote or	toreign count	ועו	12. CI			COUNTRY?
Housew	ork				Balt:	imore	City			USA	A	
13. FATHER'S NAME				14	I. MOTHER'S MAI	IDEN NAM	ΜE					
Noah G	arlard				Rac	chel	Coalho	ur				
15 WAS DECEASED EVI			SOCIAL SECURITY NO	INFO	RMANT			Add	ress			
(Yes. no. or unknown)	(If yes, give war or dates of	2]	L2-40-8375	Will	liam D. C	Osbor	'n	Rei	sters	stown	a. Mo	۹.
IR CAUSE OF DE	ATH (Enter only one of		ne for (o), (b), and (c).]								ERVAL BE	
	ATH WAS CAUSED BY:		4		- G U D					ON	SET AND	DEATH
	IMMEDIATE CAUSE (	) Ar	terioscler	OLT	C U-V D	TRES	ase				2)	yrs.
1 42	2, / DUE TO											
Conditions, if o		)										
gove rise to i												
lying couse lost.		:1										
PART II. OT	HER SIGNIFICANT CON	IDITIONS (	ONTRIBUTING TO DEATH	1 BUT NO	T RELATED TO THE	ETERMINA	L DISEASE CO	NDITION GIV	/EN IN PA	RT 1(0)	19 WAS	AUTOPSY
ž na	abetes											NO T
		20b. DES	CRIBE HOW INJURY OCC	LIRRED (F	nter nature of init	ury in Por	t Lor Port IL	of item 18.)				110 (3)
OR CONTRIBUT NOTES	AS JNDERLYING TO CAJE OF DEATH		Chipe Holl Hajoki Occ	OKALD (C	the notate of title	o,, o.						
	MEDICAL EXAMINER)		none				001 101					
20c. TIME OF INJUI Hour o. m.	RY Month, Day, Ye				OF INJURY (Home , street, office bld	e,torm,; lg,etc}	20f (City or			(County)	i	(Stote)
₽. m.	none 19	at war	k of work none	•			nor					
21. I certify the	nat I attended the	deceas	ed from 1-12-3	37	. 19 . to	。 3-	-15-60	) 12	that I I	ast say	w the d	leceased
alive on	3-14-60	. 19	, and that de	eath ac	curred at 8:	30R	from the					
01110 011		'/	, did indi di	edili de	corred dia			, city or town,		ie daie		TE SIGNED
ACTUAL	7 7. Can	plex	7,		6 Ha		er Rd			3	17-	
SIGNATURE	N. N. way		-	M.D.	O na	TTOVE	sr mu				. + \	50
PHYSICIAN'S NAME (Type)	D. D. C	aple	es, M. D.		Rei	ster	retown	, Md.				
220 BURIAL, CREMATIC	ON 226 DATE THERE	OF	22c. NAME OF CEMETE	RY OR CR	EMATORY	22	d. LOCATION	(City, Iown,	or county		(Stot	te)
Burial (Specify	3/18/60		Pleasant	Grov	re		Bor	ing	,	Mo	1.	
23. FUNERAL DIRECTOR			ADDRESS			. REC'A			STRAR'S S			
J.F.Eline		eista	rstown, Md.				K EGIETRA		The Street of	18. 14		
O OT OTHER	0. 00110 10	- A-0 00	The structure		DA	10						



TO P

VS A15 (4) 15M 10/57

03009

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY Balto.		MARYLAND	2. USUAL RESIDENCE (W	here deceased live	d. If institution b. COUNTY	. Residence before	admission)
	b. CITY OR TOWN (If ou RURAL and give neare	itside carporate limits, write	c. LENGTH OF STAY IN 16	Mt. Washing	_	imits, write RUR		est town)
<	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street mith Ave.	oddress)	d street Address 2322 Smith	Ave.		0	IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	WILLIS	Middle EDW <b>I</b> N	OVERTON	4 DATE OF DEATH	Month Maj	/	Year 1960
	male	white wow		B. DATE OF BIRTH	03	56 yrs.	F UNDER 1 YEAR I	Hours Min.
	Industrial F	life, even if retired)	KIND OF BUSINESS OR INDI	Md.		0	12. CITIZEN OF	WHAT COUNTRY?
	13. FATHER'S NAME	1		14 MOTHER'S MAIDEN I				
	Willis E. OV	OFTOR U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	Samantha P.	• (unkn	Addres		
	(Yes, no or unknown) (If ye	rs, give wer or dates of service)	1	drs. Erma M. (	overton -			).
	PART I, DEATH	ediate ( DUE TO	Caronary	throubs	ent dis	lase	ONSE	o you
0	CATIC		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE COI	NDITION GIVEN	N IN PART 1(a) 19	WAS AUTOPSY PERFORMED? YES NO
	1 . 1	CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part 11 of	item 18.)		
	ZOC. TIME OF INJURY Hour o. m. p. m.	While		LACE OF INJURY (Home, forn actory, street, office bldg., etc	n, 20f (City or to	wn)	(County)	(Stote)
	21. I certify that	l attended the deceas		19.60 to				w the deceased
	december of actual signature of actual	Il HR Oype	PE' Pertin St Reistaration	ralkely	ADDRESS (Street,			DATE SIGNED
	PHYSICIAN'S NAME (Type)		yse.mb	Pikes	syithe	8,1	nd.	
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial	3/14/60	Druid Rid		22d. LOCATION Pike:	sville,	Md.	(State)
	23 FUNERAL DIRECTOR'S 31	ONATURE V	Appress ()		D BY REGISTRAR		RAR'S SIGNATURE	



within

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VS A1S (4)

1SM 9/5S

KILAND	STATE DEPARTMENT OF HEALTH—BAL
3037	CERTIFICATE OF DEATH
200	CERTIFICATE OF DEATH

Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · COUNT b. COUNTY MARYLAND b. CITY OR TOWN (f outside corporate limits, write c. LENGTH OF STAY IN 16 borote limits, write RURAL and gize-pearest town) RURAL part give nearest town) ULULON d. NAME OF HOSPITAL (If not n haspital, a ve street address? d. STREET ADDRESS B IS RESIDENCE YES NO NAME OF First Middle 4. DATE Manth DECEASED OF DEATH (Type or print) 10 61 S. SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED lost, birthday) Months Doys Hours WIDOWED V DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during might of your ing life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Prop on dotal of service) 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 5 ULD **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. , 20f (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o m. While Not while at wark at wark p. m. 21. I certify that I attended the deceased from 1964, that I last saw the deceased M, from the causes and on the date stated above alive an\_ that death occurred DATE SIGNED 60 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22g BURIAL, CREMATION, PEMOVAL (Specify) 22c NAME OF CEMETERY OR CREMATORY (State) UNERAL DIRECTOR'S, SIGNATUR 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE arthur S. Krous

DATELAR

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VS A15 (4) 15M 10/57

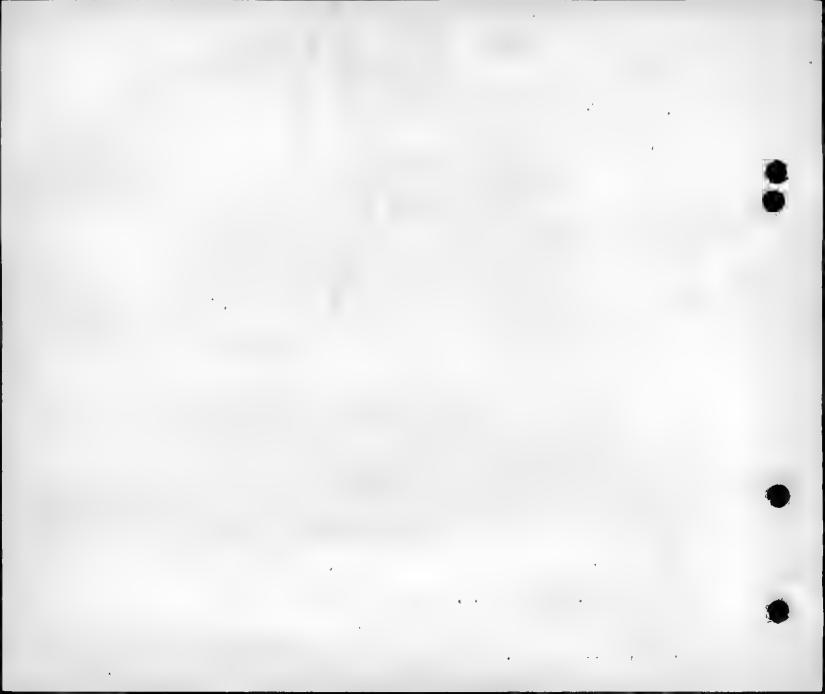
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03017

3038 **CERTIFICATE** 

OF DEATH	Reg. Dist. No. 32
UAL RESIDENCE (Where deceased lived	If institution Residence before admission
STATE _ //	COUNTY C. A.L.

	PLACE OF DEATH a COUNTY	MARYLAND 2. USUAL O STAT	RESIDENCE (Where deceased lived	I If institution Residence before	odmiss on)	
-	Baltimore County		Maryland Saltimore			
	b CITY OR TOWN (If outside carporole timits, write RURAL and give nearest town)  Mt. Wilson, Maryland	STH OF STAY IN 16 CITY	OR TOWN (If autside carporate li	mits, write RURAL and give neare	st lawn)	
ı	d NAME OF HOSPITAL lift not in haspital, give street address)	, d STR	ET ADDRESS	1	IS RESIDENCE	
, ,	Mt. Wilson State Hospital		50 Central +	410	ON A FARM?	
	3. NAME OF First	Middle	Lost 4. DATE	Month Day	Year	
	(Type or print) JOHN	FRANCIS F	HILLIPS DEATH	March' 28	1960	
	5. SEX WIDOWED TO	DIVORCED   B. DATE OF	) 1894 9. AC	GE (In years IF UNDER I YEAR III buthday) Months Days	UNDER 24 HRS Hours Min	
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF	RUSINESS OR INDUSTRY 11 BIT	THPLACE (State or foreign country		WHAT COUNTRY?	
	during most of working life, even if retired)	An	Arundel Co. 1	laryland U.S	A.	
	13. FATHER'S NAME	14 MOTH	ER'S MAIDEN NAME	0		
-	HLBERT PHILI	L175	IDH CHK	FRJ		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL S	SECURITY NO. 17 INFORMANT		Address		
ļ	Jun 7 Army 218-67-7196 Hospital Records, Mt. Wilson State Hospital					
	18. CAUSE OF DEATH [Enter only one cause per line for (o),	(b), and (c).]			AL BETWEEN	
- [	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mocarvial	untarchia	- ONSET	AND DEATH	
-1	C'C' 17 DUE TO	1 -		9/20	100,	
	Conditions it any which t	sonary (4	· Sixoduco	/ 2:	'and	
	gave rise to immediate			- 3/	25/00.	
-	lying cause last.	ulminary	1 ubelculas	us.	/	
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  Ultrace of Death (If EITHER, NOTIFY MEDICAL EXAMINER)			١ .	PERFORMED? 'ES 🔀 NO 📋	
1	200 ACCIDENT WAS UNDERLYING   206 DESCRIBE HO	W INJURY OCCURRED. (Enter not	re of injury in Part 5 or Part II of	ilem 18.)		
1						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While Not at work of w	Santana stand	RY (Hame, farm, 20f. (City or ta	wn) (County)	(State)	
-	Hour c.m. While Not at work of w	while racially, street,	iffice bldg., etc.)			
1	21. I certify that I attended the deceased from	31261,19	50, 10 3/28/	1960 that I last say	the decemen	
		, and that death accurred				
1		and mer deam decoring	ADDRESS (Street, o		DATE SIGNED	
	ACTUAL SIGNATURE MUNCHMUN	M.D. Mt	Wilson, Maryl	and		
	PHYSICIAN'S NAME (Type) Win. Newcomer . M.D. Superintendent					
Ī	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NA	AME OF CEMETERY OR CREMATO		(City, town, ar caunty)	(State)	
	BURIAL 3-31-60 Bal	ltimore Nations	1 Balti	Moro		
	23 FUNERAL DIRECTOR'S SIGNATURE ADD	DRESS	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE		
	Wm. Cook, Inc., 1217 St. Paul	Street	DATE MAR 3 0 '60	arthur S. Krous		
E			277774	CANADA D. PULLULA		





### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03013

in by the funeral director,	and 2 shaufd be filed-with	-	
AL DIRECTOR: After Certificate has been signed by the attending physician and camp	be detached for use as the burial-transit permit. Then please remave carban papers: Rages 1	rial, cremation, ar remaval, and in any event, within 72 hairs	
O F. AL DIRECTOR: After	page 3 shauld be detached for	the State Baard of Health priar to bu	

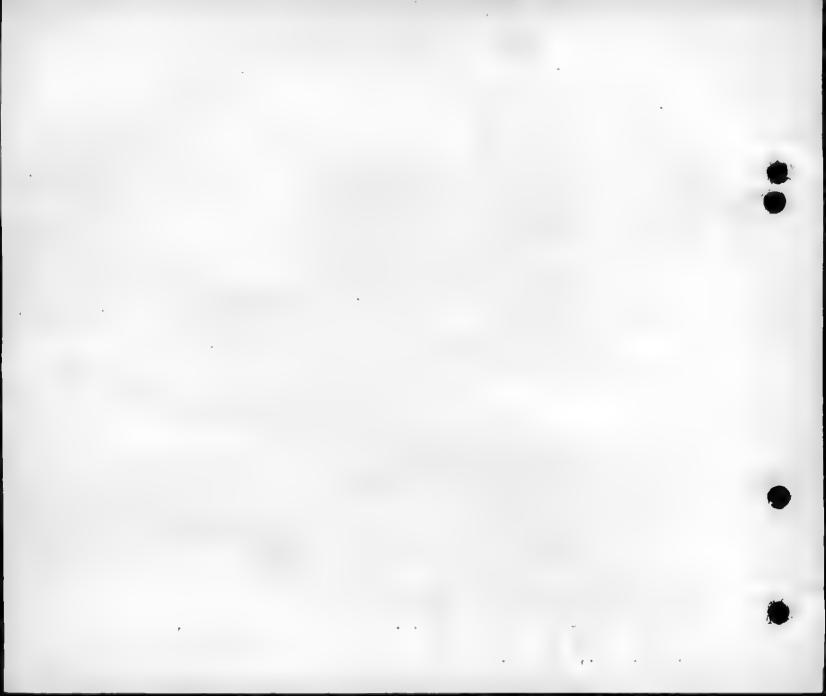
TO HOSPITAL OR ATTENDING PHYTICIAN: The law requires that the death certificate be executed mithin 24 hours after death. Tage 4

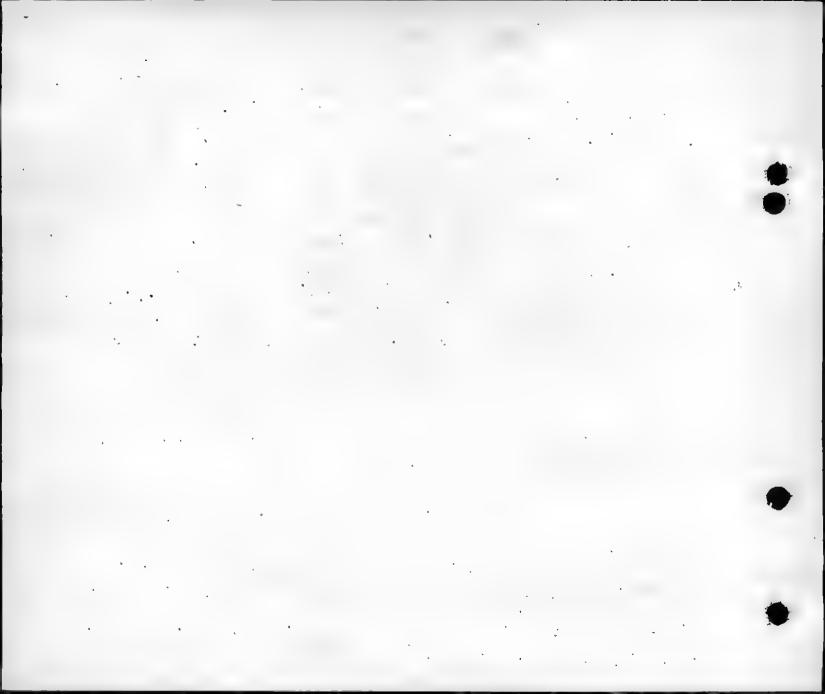
attending physician.

retained by the haspir AL DIRECTOR: After

TO F.

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1, F	LACE OF DEATH SALTIMORI	MARYLAND	2 USUAL RESIDENCE (WHO STATE MAR	rere deceased tived. If institution-Resident YLA N DCOUNTY	ce before admission)		
1	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  COCKEYS ULLE	2 YEARS- & MO.	c. CITY OR TOWN (If o	outside carparate limits, write RURAL and s	give nearest town)		
(	d. NAME OF HOSPITAL (If not in hospital, give street of	HOME	d. STREET ADDRESS	KESWICK ROAL	e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED Type or print)  BARBARA	ELLEN	PORTS	4. DATE Month OF DEATH MARCIA	13 1960		
5 9	FF 6 COLOR OR RACE 7. MARRI	ED NEVER MARRIED D	8. DATE OF BIRTH 7/22/186	9. AGE (In years IF UNDER Months yrs.	TYEAR IF UNDER 24 HRS Doys Hours Min		
100	USUAL OCCUPATION (Give kind of work done 10b I during most of working life, even if retired)  HOUSEWIFE	(IND OF BUSINESS OR INDU		or foreign country) 12.CITI	ZEN OF WHAT COUNTRY		
13.	MORDICA PR	ICE	14. MOTHER'S MAIDEN N		:057		
15 WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  (You no or unlangum) (If yes, give wor or dates of service)  TO N E Trank L. Smith J Cocheyanth Y.							
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	chewtie	Cardeo	INTERVAL BETWEEN		
	Conditions, if any, which gove rise to immediate DUE TO	Vascular	Dise	منا	2 years		
7	lying couse lost. (c)				Y I WAS AUTORS		
CATION	Part II OTHER SIGNIFICANT CONDITIONS C				PERFORMED? YES NO		
L CERTIF	1						
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d IN- Hour a.m. 19 While of work	Not while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc.	. 20f. (City or town) (0	County) (State		
	21 I certify that (I) (this hespital) attended the deceased fram. 7-10, 1957, ta 9-13, 1960, that (I) (we) last saw the deceased alive an 3/13, 1960, and that death accurred at 22 M, from the causes and an the date stated above						
	220. SIGNATURE faller To	1 Ceas	M.D. PHYS.	ED. STAFF	3/13/6 G		
	22c PHYSICIAN'S NAME (Type) WALTER 7	KEES	22d ADDRESS	EYSUILLE	MD		
23a	BURTIAL CREMATION, 236 DATE THEREOF 3-16-60	Grace M.E.Ce		23d LOCATION (City, town, or county) Hampstead, Md	(State)		
	funeral director's signature  1. Cook, Inc., 1217 St.P.	aul S <sub>+</sub> reet		D BY REGISTRAR 256 REGISTRAR'S SIG	S. Kraka		





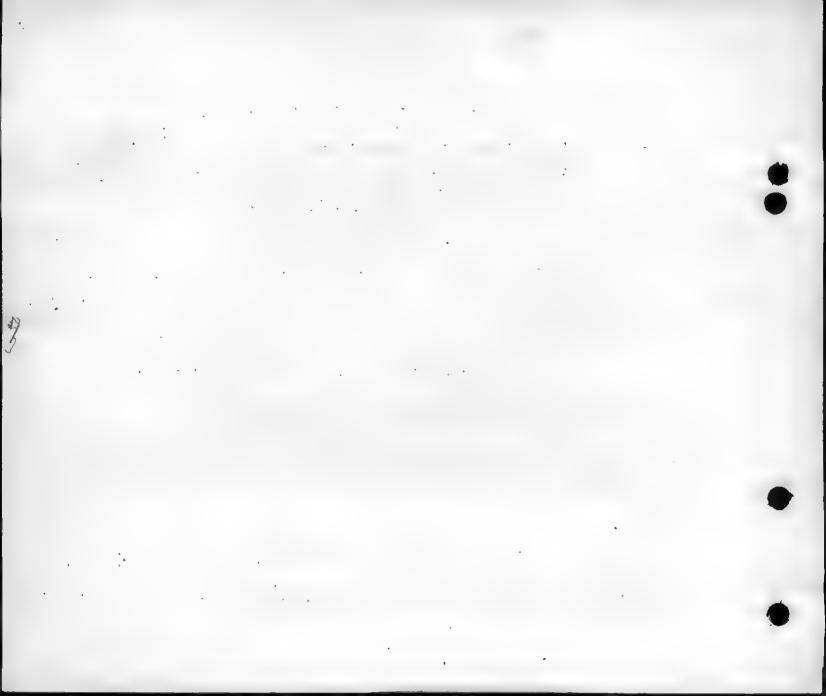
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TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

The formal death is certificate for the formal formal formal formal death.

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+e+	¥	100	10	
	Ť	3	g.	
0	Š	page 3 should be detoched for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be 🕅 🔊	5	
30	~	Dd	he	
	or TO FOXERAL DIRECTOR: After 1917 certificate has been signed by the attending physician and camping y timed in by the funeral			
A1	5 (	4)		

1. PLACE OF DEATH  O. COUNTY  O. STATE  O. STATE  O. COUNTY  O. STATE  O. COUNTY  O. STATE  O. COUNTY  O. STATE  O. STATE  O. COUNTY  O. STATE  O.
BRAL ond give negrest fown)  J. NAME OF FISTITUTION  J. NAME OF FISTITUTION  J. NAME OF FISTITUTION  J. NAME OF DECLASED  (Type or print)  J. NAME OF DECLASED  J. NAME
DAME OF HOSPITAL (If not in hospitol, give street oddress)  ANAME OF HOSPITAL (If not in hospitol, give street oddress)  J. NAME OF DECASS  S. SEX  6 COLOR OR RACE  7. MARRIED  10. USUAL OCCUPATION (Give kind of work done look, KIND Dr. BUSINESS OR INDUSTRY II. BIRTHPLACE (State or Foreign country)  100. USUAL OCCUPATION (Give kind of work done look, KIND Dr. BUSINESS OR INDUSTRY II. BIRTHPLACE (State or Foreign country)  113 EATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  116. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c))  PART I DEATH WAS CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate course (o), tolsing the under look of the under look of the course (o), tolsing the under look of the under look
ANABLO FOR A FARMY  3. NAME OF DEATH  First  Middle  Lost  Lost  Lost  ADATE  DEATH  Mannth  Day  Yeor  19 62  S. SEX  6 COLOR OR BACE 7. MARRIED PLOYER MARRIED DIVORCED  DIVOR
S. SEX   6 COLOR OR FACE   7. MARRIED   THEFT, MARRIED   B DATE OF BIRTH   TALL   TA
NO USUAL OCCUPATION (Give kind of work done   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPIACE (State or Foreign country)   12.CITIZEN OF WHAT COUNTRY   12.CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   15. WAS DECEASED EVER IN U. S. CWA ARRED   INTERVAL BETWEEN ONSET AND DEATH   INTERVAL BETWEEN ONSET AND DEATH   ONSET AND DEA
The state of the s
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (Yes, no or unknown, NO  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I DEATH WAS CAUSED BY.  Conditions, if any, which gove rise to immediate cause (o), storing the underlying cause lost.  (c)  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON GIVEN IN PART 1(o) 19 WAS AJTOPS PERFORMED?  YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED While Not while of work of twork of two twork of two twork of two twork of two
Total Conditions   Total Condi
PART I DEATH WAS CAUSED BY.  33 / X  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under. lying cause lost.  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS PERFORMED? YES NO 2  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.)  ONSET AND DEATH  ONSET AND  ONSET AND DEATH  ONSET AND  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND  ONSET
DUE TO  Conditions, if any, which gove rise to immediate cause (o).  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS' PERFORMED?  YES NO 2  200. ACCIDENT WAS UNDERLYING 10 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)  200. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)  While Not while of work 19 PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot work)  While Not while of work 19 w
Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause lost.  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS' PERFORMED? YES NO 2  200 ACCIDENT WAS UNDERLYING 20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOITEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED While of work of wo
gove rise to immediate couse (a), stoting the under-lying cause lost.    PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED?   YES
Couse (a), storing the under:    Jung cause lost.   Ce    Part II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPS' PERFORMED? YES NO 2    200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)   OR CONTRIBUTING   CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)     20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED (Mile of work of work of work of work of work of work)   19 While of work of
PERFORMED? YES NO 2  200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)  20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED How while of work o
VES NO 2  200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED While Not while of work of w
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month Doy, Year Hour a. m.  p. m.  19  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stoth factory, street, office bldg., etc.)
Hour a.m. 19 While Not while factory, street, office bldg., etc.) p. m. 19 of work of work
27 I amilify that I attended the descend from MUGHAT 10 57 to MALL H. 10/24-11.
I 121 I CERTIFY frid I difended the deceased fram
alive an Mexicity 152, 1960, and that death occurred at 10.45 PM, from the causes and an the date stated above
ADDRESS (Street, city or town, stote) DATE SIGN)
SIGNATURE TRUNCS / Kary M.D. 1725 KEISTERS TOWN Int 3/5/6
PHYSICIAN'S FRANCIS T. DALY 1725 REISTERSTOWN RO 3/5/60
220. BJRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
BUPIAL 3-8-60 GREGIMOUNT DALTO 1910.
23 FUNERAL DIRECTOR'S SIGNATURE  'ADDRESS  AG S SONT RO BOLT DATE MAR 7 '60  CITIENT S. KLAMA



## tone for your fier. State Board of Health, death. death.

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A to my

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2859 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(15()6()

										Reg. Dist.	No.
		PLACE OF DEATH	Baltimore		MARY		o STATE Mary	(Where decease		y Baltim	
_	*	cond give negret four	l outside carparate fimils, wr b)	H RJRAL	c LENGTH OF STAY	IN 16	c CITY OR TOWN	(If outside corp	porote limits, write	RURAL and giv	e nearest lown)
	_		Dundalk		10 Year		Dund	alk			
	-		3402 Cornwa		pitol, give street address	1)	3402		11 Road		IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED	Fi	ref	Middle	-	Lest	4. DATE OF	MonII	h D	ay Year
		Type or print)	SEBASTIAN		J.	REML	EIN SR.	DEATH	March	9	19 60
	5. 5	_	6 COLOR OR RACE	1	D NEVER MARRIED	B D	ATE OF BIRTH		9 AGE (In years lest birthday)	FUNDER TYE	
		ale	White	MIDOMED			ept. 8, 18	~,	72 yrs	Months Doy:	Hours M.n.
/	10a d	USUAL OCCUPATION USUAL OCCUPATION OF WORKING WORKING WORKING WITH THE PROPERTY OF THE PROPERTY	ON (Give kind of working life, even if retired)	done 10b K	IND OF BUSINESS OR I	INDUSTRY	11 BIRTHPEACE (See	ote or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
		Retir	ed				Baltimor	e, Mary	land_	1.	
	13.	FATHER S NAME				1	4. MOTHER'S MAIDEN	NAME			
	-		?		<del></del>	,	_ Amelia	Whitzel	-		_
		WAS DECEASED EV	ER IN U. S. ARMED FC	service)	SOCIAL SECURITY NO	17. INF	DRMANT		Address		
	<u> </u>				14-03-6876	L Go:	rdon L. Re	mlein _	3640 Ly	ndale_A	venue
			TH [Enter only one co	use per line f	or (o), (b), and (c)	./	711000			IN O	TERVAL BETWEEN NSET AND DEA +
		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		1-3-C-	V-	D ISEA	26			
		4-22,	DUE TO								
		Conditions, if o		)							
		gove rise to imme (c), stating the									
į		couse fast.	) (c	)		· · · · · · · · · · · · · · · · · · ·					
3	ğ	PART II, OTE	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEASI	CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED?
/	3				1/	·/	>				YES NO
	CERTIFICATION	200 EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH.	USE WAS NTRIBUTING []	b DESCRIBE	HOW INTURNOCOUN	/ EDZ (Ente	r noture of injury in P	ort I or Part II	of item 18.}		
	MEDICAL	20c. TIME OF INJU	EY Month, Day, Ye		NIURY OCCURRED 20	PEACE	OF INJURY (Home, for	rm, 20f. (City	or tawn)	(County)	(Stote)
	MED	Hour c. m.	19	White of wor	Not while	roctory	arreer, sirile sing., e	1			
		21. I certify th	nat I toak charge	of the r	emains described	above	, held an Autas	osy , Ir	spection P.	Inquiry [	and in my
		apinian death	resulted fram:	Natural c	auses TP. Accid	lent 🗍	, Suicide 🗍	Hamicide	grang .	rmined man	
			nal.		,					······································	
3		ACTUAL SIGNATURE	1112 1	Sal	rs		CHIEF MEDICAL	EXAM:NER [		m /	DATE SIGNED
4		EXAMINER'S NAME (Type)	M. B.	DAI	115 M.		ASSISTANT MED DEPUTY MEDICA			3/8/	60.
	220		N. 226 DATE THERE	OF T	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCAT	TON (City, town, o	or county)	(State)
		REMOVAL (Specify) Burial	March 12	1960	Parkwood	Į.			more, Ma		,
	23	FUNERAL DIRECTOR	'S SIGNATURE	1300	ADDRESS		24a. RE	C'D BY REGISTI		TRAK'S SIGNAT	URE
		Tilly & 7	eiler Inc.	1901	Eastern Av	re.	0.00	MAR 1 1	'60	7.11 0	4

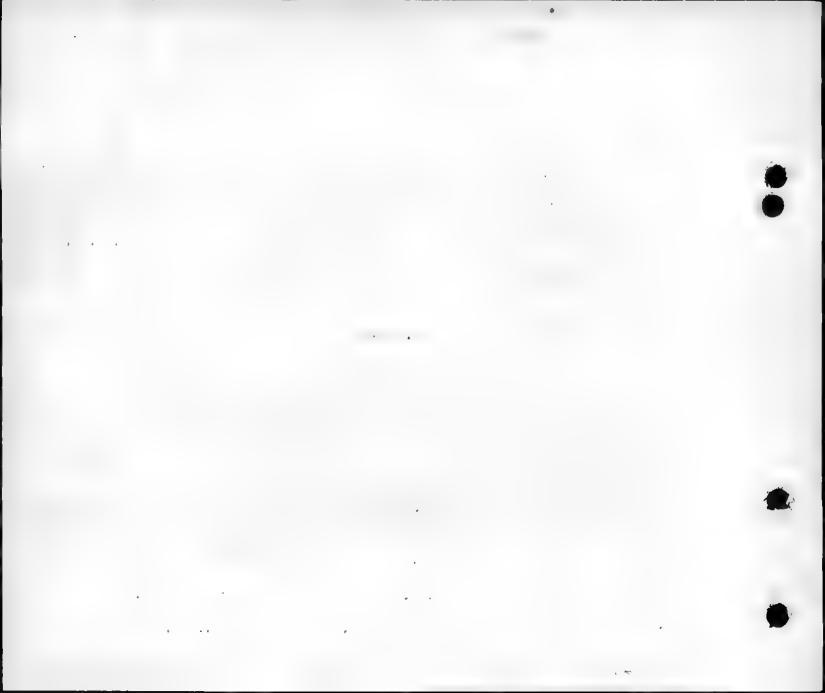
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If executed the certificate, will be word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 a standard to hief Medical Examiner's Office along with form PM3. Pages 10. The YERAL DIRECTOR: Pages 3 should be used as a burial-transit permit. File pages 1 and are its designated agent, prior to berial, cremation, or removal, and in any event within 72 hours. VS A15⊞E 5M 2/57



od le	3	(Type or Print) WILLIAM RENSHAW	2. DATE OF 3/14/60
PEN.	AYSA	S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Pol		y 6704 (Delimen Hilling	Balture 24 hed township
< □	코 [[	Yrs. Mos. c. Length of stay in Baltimore Dava	D. STREET ADDRESS (If rural, give location)
E A 3	N THK	5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Male What MARRIED	8. DATE OF BIRTH 9. AGE (In years   Winder I year   Munder 24 Hours   Minder 24 Hours   Minder 24 Hours   Minder 25 Hours   Minder 26 Hours   Minder 26 Hours   Minder 26 Hours   Minder 26 Hours   Minder 27 Hours   Minder 28 Hour
NOT U		10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Nove done during most of working life, even if retired)  The Tele Company of the	11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
F. I.	줾.	WM. J. RENSHAW	14. MOTHER'S MAIDEN NAME  So Son E An INE & S. C. HAYON BY
	3 (	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or tocknown) (If yes, give war or dates of service) 226-07-4688	SILAS T. REASHAM 4003 LAWSON ST
		18. CAUSE	
PERMANENT R CK OR ELUE-BI Physicians:	OF VII	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO CALLE	Tensorie Cardos vascular
IS A PERI BLACK O	4	442 ANTECEDENT CAUSES	fr n
SIR		(C)	in arthritis
THIS I  FERMANENT  Carefully supp		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
De H	-	CAUSE OF DEATH, ENTER IN	BB. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
E, OH W	۹	PART   OR PART	E
TYP		22. I certify that (I) (this hospital) attended the deceas	e deceased alive on March 1960 19
PLEASE		22. 510417110-	nd on the date stated above.  ADDRESS   23c. DATE SIGNED
PL.		ATTENDING PHYS.   MED. DIRECTOR   STAFF PHYS   ATTENDING PHYS.   AMED. DIRECTOR   STAFF PHYS   AMED. CEMETER	766 Eastern an 3/15/60
Every		B-RAC 3/24/60 GCER WALES	MEM K. (2 CEN BYZALE MO
E E		CHARLES THE THE STATE OF THE ST	STANCE J. GONCE 4001 RITCHLE



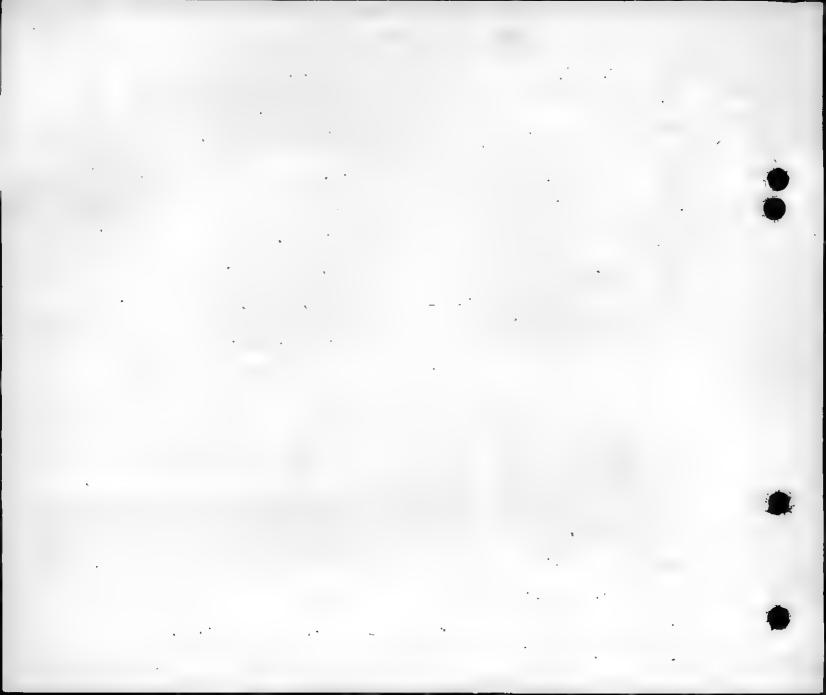
director funeral uld be-fi 5 COL physicic artending 4 cate has been signed he burial-transit permi DIRECTOR: ю



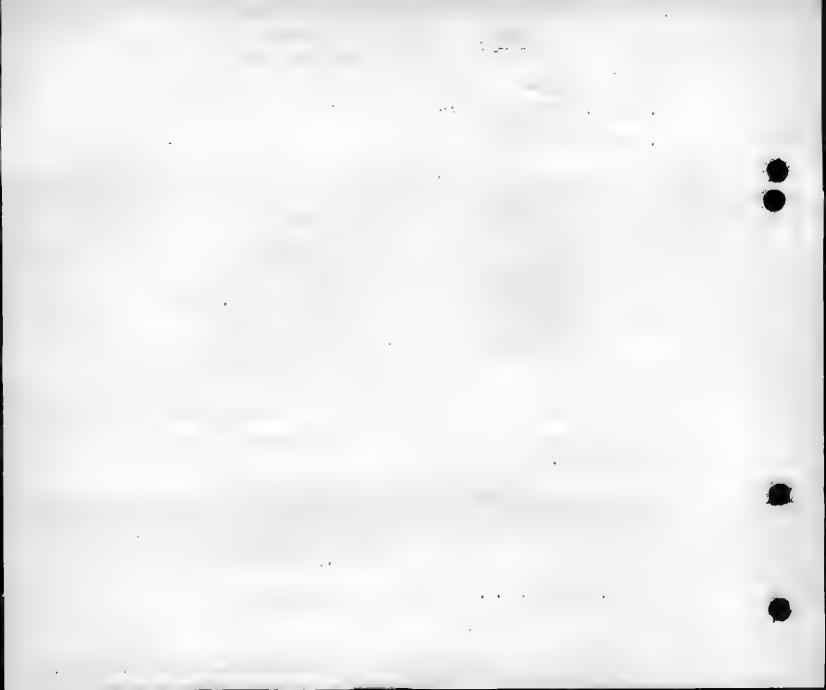
# The Indianal OR ATTENDING AVSICIAN: The low requires that the death certificate be executed within my retained by the host in attending physician. O. ARAL DIRECTOR: After the certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pages. Page the registrar priar to burial, cremotian, or removal, and in any event within 72 haurs after death. TO IDSTITAL OR ATTENDING. To retoined by the host TO RERAL DIRECTOR: Afre

E 0 VS A15 (4) 15M 9/5B MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3045	CERTIFICA	ATE OF DEATH	ı	Reg. Dis	(1001)
1 PLACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived. b.	IF institut on Resydenc COUNTY	e befare admission) LMONE
b. CITY OR TOWN (If autside carporate limits, write RUPAL and give negrest town)  ARVILLE	c LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OF	utside corporate limit	ts, write RURAL ond g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 2221 Wilker)	A	d. STREET ADDRESS 2221 Will	er Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Jack	Middle /	Roberts	4. DATE OF DEATH	March	29 Year 60
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	100	YEAR IF UNDER 24 HRS
male white widow		2-9-1920	40	yrs.	Doys Fidors Mun.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired)  machinest	KIND OF BUSINESS OR INDU	Penna.	or fareign country)	12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME John Roberts		14. MOTHER'S MAIDEN N	-, /		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Address	
2	111-10-5228	Elfriede Ro	berts	sai	ne
18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).]	- A			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	metastale	i melas	roma		2 2 cm
DUE TO	1.	Λ		111	24
Conditions, if ony, which ) (b)	Mrumary	milan	oma of	brock	22 gro.
gave rise to immediate DUE TO	9				
lying couse last. (c)					1
PART II. OTHER SIGNIFICANT CONDITIONS (	CONT <u>RIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art or Port II of ite	m 18-)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. While p. m 19 at wor	Not while fo	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.	20f (City or tawn	) (Co	ounty) (State
21. 1 certify that I attended the deceas	ed from . ?>3/2/2	C 1960 to	-732226	19 4 that I las	it saw the decease
	1 .	occurred at			
7			DDRESS (Street, city		DATE SIGNE
SIGNATURE /4/66	194-16 4	M.D. \$ 100 /	sifere !	id . Balli	Joul. 3/4/6
PHYSICIAN'S S. Elliott Ha	urris	me sich der me sich sich soh mir mir der vor me mir sich sich sich	* **		
220. BURIAL, CREMATION, REMOVALI (Specify) 3/30/60	22c. NAME OF CEMETERY O	CREMATORY UE CEM.	22d. LOCATION ICE		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	HADDIESS JA R	240. REC'E		24b. REGISTRAR'S SIG	NATURE
Leonara y. Nuck 5305	Hargordd K	DATE N	AR 3 0 '60	arthur 1	Kraus



1			MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			3046 CERTIFICATE OF DEATH
died whi	Ĵ	1.	PLACE OF DEATH COUNTY Baltimore County  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY BALTIMORE COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY  BALTIMORE COUNTY  MARYLAND
funeral uld born	,	_	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mt. Wilson, Maryland  Oc. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTIMORE  29
2 shou	12		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Mt. Wilson State Hospital  700 DEVONSHIRE ROAD  VES NO NO NO FARM?  YES NO DEVONSHIRE ROAD
in E		3.	NAME OF First Middle Lost 4. DATE Month Day Your
i Di			Type or print MINNIE MARIE ROPKA DEATH 3 - 8 - 1960
		F	MARKED NEVER MARKED OF BIRTH
d camp		10e	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COUNTRY?  13 CUSEWIFF  DOMESTIC  MARVIAND  U.S.A.
o de		13	FATHER'S MAME 14 MOTHER'S MAIDEN NAME
hysician maye can hope off			WILLIAM HARRIS PATTIE ?
		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address
death ce tending please re rithin 72			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY ONSET AND DEBTH
he of hen hen			IMMEDIATE CAUSE (0) FULL MONTH
by if y			Conditions, if ony, which )
quires igned permi			gove rise to immediate DUE TO
cion cion cion cion cion cion		z	Past II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY
physical phy	0	FICATIO	ACRANGICOLYTOSIS GENERALLY AND UNSPECIFIED YES NO NO
tending ificate the bu		L CERTII	200 ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)
emotion a		MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m 19 at work of wark   20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, 20f. [City or town] (County) (State)
F S F S F S F S F S F S F S F S F S F S			21. I certify that I attended the deceased from 1-7-, 1960, to 3-8-, 1960, that I lost saw the deceased
DA: A the h			alive on 3, 1960, and that death occurred at 30 F.M., from the causes and on the date stated above
or de by a			ACTUAL SIGNATURE Mp. Mt. Wilson, Maryland 3 - 8 60
retoine AL DIR hould I	/		PHYSICIAN'S Muching NAME (Type) Wm. Newcomer. M.D. Spperintendent
		220	BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CIN. town or county). (See to
- 0 g		¥	REMOVAL (Specify)
YS A15 (4) 15M 10/57		23. U	W. Chemilieus Co. Che
			River Dale; Mil



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 3047

c. LENGTH OF STAY IN 16

22 Days

MARYLAND

7)	2	Δ	O	4	
ſ,	3	17	4	1	

USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) b COUNTY
 Maryland

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Baltimore

(29)



1. PLACE OF DEATH o. COUNTY

Baltimore

RURAL and give nearest lown)

Fort Howard

b. CITY OR TOWN (If outside corporate limits, write

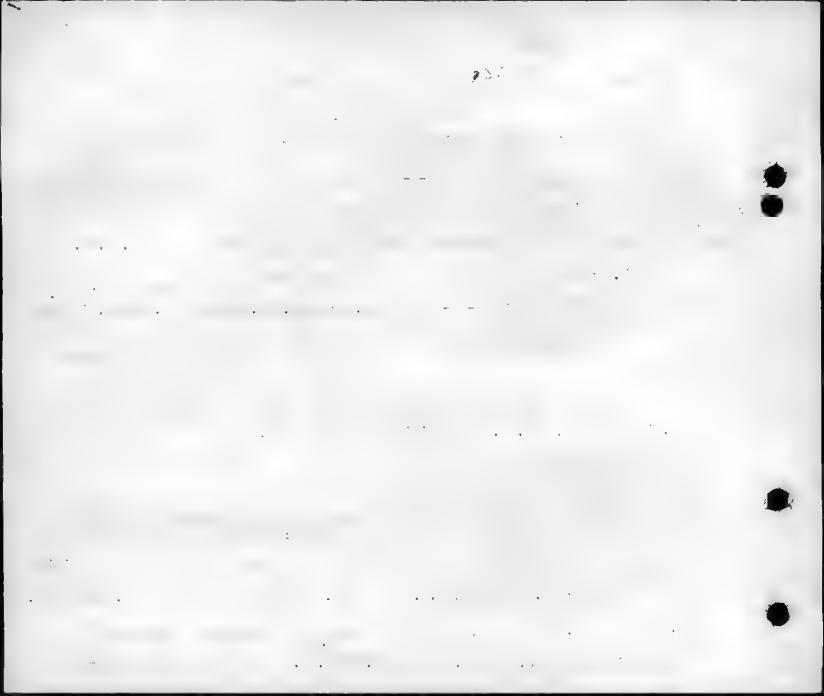
il director, filed with by the funeral d рио 9 deoth. and in any event within 72 hours after ond comp corbon pope ртедзе гетточе þ or removol,

hours ofter death. Page

certificate has been signed by ottending physician Board of Health prior to buriol, cremotion, AAL DIRECTOR: After 3 should be detached for u

10 VR A15 (4) 15M 9/59

d NAME OF HOSPITAL (If not in haspital, give :	street oddress)	d STREET ADDRESS			e IS RESIDENCE
Veterans Administrati	on Hospital	436 South	Chapel	Gate Lane	YES NO
3. NAME OF First	Middle	Last	4. DATE	Month	Day Year
(Type or print) LOUIS		SACKS	OF DEATH	March	8 1960
	MARRIED THEVER MARRIED	8 DATE OF SIRTH		7000	DER 1 YEAR IF UNDER 24 HR
Male White w	DOWED DIVORCED	June 14, 190		lost birthdoy) Month	Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign coun	try) 12.	CITIZEN OF WHAT COUNTRY
Salesman	Hardware Store	Norfolk,	Virgini.	n 1	J. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I			
Harry B. Sacks		Anna Cram	er		
15. WAS DECEASED EVER IN U. S. ARMED FORCES		FORMANT		Bartin	more 18,Md.
Yes WW II		in.Rec.,Vet.A	dm. Hosp	ital Ft. Hov	vard. Division
18 CAUSE OF DEATH [Enter only one couse					INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	NFARCTION OF MYO	CARDIUM			ONSE! AND DEATH
DUE TO I	UE TO CORONARY TI	ROMBOSIS			2 WEEKS
Conditions, if ony, which ) (b)					
gove rise to immediate couse (a), stating the under-					
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITI				ONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPS' PERFORMED?
3 1.Diabetes Mellitus.	2. Pneumonitis, ri	Lght Lung Bas	е.		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II	of item 18.}	
1 2 1	Fac	ACE OF INJURY (Home, form		fown)	(Caunity) (Stat
Haur o.m.   19   19   19   19   19   19   19   1	White Not while rat	lidity, sileel, dilice blug, eld	"/		
21 I certify that () (this hospital) a	ttended the deceased from T	Pehruary 15. 19	60 to M	arch 8	60 . that M (we) In
saw the deceased alive on March	8 1960, and that a	leath accurred a2:1	ON, from th	e causes and an	the date stated obave
2207 SIGNATURE					22b DATE SIGNE
Caridad E.	Jongales		ED RECTOR [	STAFF PHYS 🙀	3/8/60
22c. PHYSICIAN'S NAME (Type)	1-1	22d ADDRESS			
CARIDAD E. GO	NZALEZ, M.D.	VAH, BALTI	MORE 18	MARYLAND F	T. HOWARD DIV.
23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATIO	N (City, town, or coun	y) (State)
Burial 3/9/60	Chizuk Amuno	Cemeterv	Beltim	ore Marvla	nd
24, FUNERAL DIRECTOR'S SIGNATURE	6010 Refeterstown		D BY REGISTRA	R 256 REG STRAR'S	SIGNATURE
Sol Levinson & Bros.	1426×44×3VUVUIX AU	K-Berbeut-Haby	MAR 1 1 '8	Gath	17 S. Kranis



### 3048 y ymed in by the funeral director, Pages 1 and 2 should be filed with 4 hours ofter death. Page И DEVERAL DIRECTOR: After 7,75 certificate has been signed by the attending physician and campage 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, the registrar prior to buriol, cremotion, ar removal, and in any event within 72 haurs after death. YSICIAN: The low requires that the death certificate be execute TO FOVERAL DIRECTOR: After

10元

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

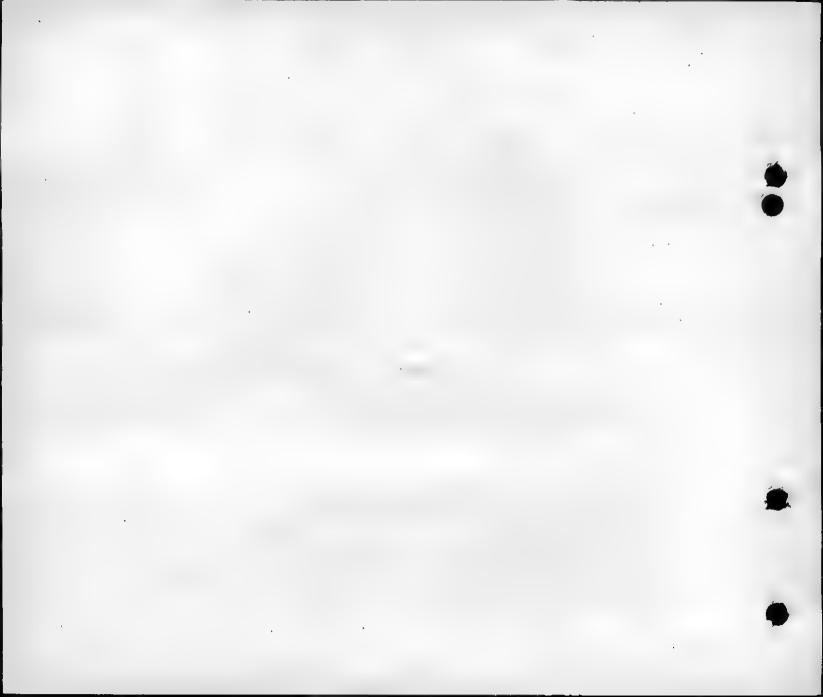
CERTIFICATE OF DEATH

	Keg. Dist. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
Baltimore MARY	YLAND O. STATE MD. b. COUNTY &4
CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
TOW SOM	4402 annepolis Rd 024
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
ORINSTITUTION 629 SISSEY Rd	Barto 25 MD ON A FARM
NAME OF First Middle DECEASED (Type or print) MARY	SALEY DEATH 3-17 196
6. COLOR OR RACE 7. MARRIED NEVER MARRI	lost birthday) Manths Days Haurs Min
WIDOWED DIVORCE	
Oa. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS of during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John GERA	
5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	INFORMANT Address
Yes. no. or unknown) [If yes give war or dates of service)	FAMILY - 629 Sugsex Rd.
18. CAUSE OF DEATH [Enter only one cause per line (a) (b), and (c)	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
191100	Malarada)
Conditions, if any, which gave rise to immediate (b)	sejan-1-
cause (o), stating the under DUE TO	
lying couse last. ) (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \(\subseteq\) NO [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Haur a. m. White Nat white of wark at wark	20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Sto
Haur a. m. While Nat while p. m. 19 of work at wark	factory, street, affice bldg., etc.)
Mean	11 1 10 fra - VARIAL IT 26 Duniller 11 1
21. I certify that I attended the deceased fram July alive an Mana 1 1 20 Jand that	Ch
alive an 1900, and that	t death accurred at 172 M, from the causes and an the date stated abo
SIGNATURE LAWSHULL (. John)	M.D. 689- York Kd 3/18/60
PHYSICIAN'S LAURENCE C. YOS	+ Balterners 12 mg
20. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEM	AETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
- BURIAL BORGETY) 3-21-60 GLen	Bushaven Chan Bunin NO.
3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
McCully Funeral Homes 130 t. 7	DATEMAR 21'60 Cultury S. Knows



1. PLACE OF DEATH G. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Manual Care before COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If chaide corporate limits, write RURAL and give nearest town)
unnesie	X Unnestie
d. NAME OF MOSPITAL (If not in haspital, give street address) OR INSTITUTION OF INSTITUTION	d street address Regester are VES NON A FARI
3. NAME OF First Middle	Last 4 DATE Month Day Year
(Type or print) JOHN WESLEY	SAVAGE DEATH Mar 1/ 196
5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 lost birthday) Months Days Haurs M
male_ White WIDOWED   DIVORCED	ang 15, 18 98 61 vs.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
Store Keepa State Hospiel Retired	Virginia 215a
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
seorge 1. savoge	Lucille Murphy
15 WAS DECEASED EVENT IN U. S. ARMED FORCES? 16. SOCIAL VECURITY NO. 17. IN (Yes, no or unknown, 1/1/1 yes, grys work by defen of service)	NFORMANT Address
yes WWI 214-03-7644M	, With B. Savage same
TB. CAUSE OF DEATH [Enter only one couse per line for [g], (b), and (c).]	O INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: Coronary	(I relusion)
4 5 DUE TO	D. D. KNOWN
Conditions, if ony, which ) (b) Hypertenselve	Curdiovascular Disease Arcenst
gove rise to immediate	YP5
couse (a), stating the under-	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTO
Elironic Engold	PERFORMED YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of Injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (S
Hour o.m. While Nat while for	ctory, street, office bldg, etc.)
21 I certify that (I) (this hospital) attended the deceased fram	
	death accurred at 2.24M, from the causes and an the date stated abo
220 STGNATURE COURT Cal Shitter of the	ATTENDING MED STAFF SIG
220 PEXHT(IAN'S NAME (Type) ROBERT W. GEBHARDT	1211 NORTHERN PRWY BALTO 12,
230 BLR AL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OF REMOVAL (Spesify) May 14, 1960 London (	PROPEMATORY 23d LOCATION (City, town, or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Jeney W. tenhing + long Ca. 4905 look	Mored DATELAD 1 4'60 C'ALLE & H.

24 haurs after death. Page 4 Pages 1 and 2 should be filed with cordon papers. Pages In 72 hairs after death TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the deoth certificate be executed within O FLEAR DIRECTOR: After the certificate has been signed by the attending physician and complete a shauld be detached far use as the burial-transit permit. Then please remave conformagner the State Board of ⊪ealth ⊪riar to burial, cremation, or remaval, and in any ≡vent within 72 halfrs a attending physician. retained by the hosp . TO FO Ě VR A15 (4) 15M 9/59



3050

1. PLACE OF DEATH g. COUNTY				YLAND	2. USUAL RESIDENCE (1 a. STATE	Where decease	d lived. If institution b. COUNTY	an: Residence bef	are admission)
Balt	O a	ile weite -	LENGTH OF STA		c. CITY OR TOWN (	IS		Balto.	annet town
RURAL and give no		iis, write	LENGIH OF SIA	T IN ID	X CITY OR TOWN (I	it aviside carpo	orate limits, write k	UKAL ONG GIVE N	edrest town;
OP INSTITUTION	AL (If nat in haspital, (	give street ad	dress)		/ d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
700 Walker	Ave.				700 Walker	Ave.			YES NO
3. NAME OF DECEASED		rst	Middf		Last	4. DATE	Man	th D	lay Year
(Type or print)	HELE	,	ELIZAB		SCANLAND	DEATH	7		
S. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARR	HED 🗌	B. DAJE OF BIRTH		9 AGE (In years last birthday)	Manths Days	R IF UNDER 24 HRS Haurs Min.
female	white	WIDOWED			Mar. 11, 190		58 yrs		
100 USUAL OCCUPATION during most of work	IN (Give kind of work ing life, even if retired	dane 10b. KII	ND OF BUSINESS	OR INDL	ISTRY 11 BIRTHPLACE (Sto	ale or foreign o	country)	12. CITIZEN C	OF WHAT COUNTRY?
Housewife		at	home		Md.				SA
13. FATHER S NAME					14. MOTHER'S MAIDEN	NAME			
	Mullineaux				Sarah				
S. WAS DECEASED EVE	RIN U.S. ARMED FOR	RCES? 16. SC	CIAL SECURITY NO		NFORMANT		Addi		
/ no		2]	4-12-052	4 ]	Mr. Alonzo H.	. Scanl	and - 700	Walker	Ave.
	TH [Enter anly one co	ouse per line	for (a), (b), and (c)	1-1				IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	) <b>j</b>	least	40	ulune				Sudde
420.0	DUE TO	1/4	4-	U	·	4	6	11	11
Conditions, if a		,	Jano	بالصد	erope (,	men	~	March	-10 ge
gave rise to in cause (a), stating	nmadiata (						O	Alanna .	0
lying cause last.		{2							
PART II. OTH	ER SIGNIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO DI	EATH_BU	T NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
PART II. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRI	BE HOW INJURY	OCCURR	ED. (Enter nature of injury	in Part I ar Pa	rt II of item 18.)		
\$ 20c TIME OF INJUR	Y Manth, Day, Ye	ar 20d INJ	URY OCCURRED		ACE OF INJURY (Hame, fo		y ar tawn)	(Caunty	(State)
ZOC TIME OF INJUR	19	Whire at wark [	Nat while at work	fc	octory, street, affice bldg ,	efc.)			
21. I certify tha	t (I) (this haspita	) attended				19 <b>5</b> / .ta_	3/16		that (I) ( <del>we),</del> last
saw the deceas	ed alive an 🔰	9	19.60 and	d that	death accurred at 9	M, fram	the causes an	d an the dat	e stated abave
220 SIGNATURE	odl F	E/L	522		M.D. ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		226 DATE SIGNED
72c PHYS CIAN'S MAME (Type)	44.1.	RIC	Ltor		22d. ADDRESS	Hand	2 and (	22	
23a BUR AL, CREMATIO	N 23b. DATE THERE	DF	23c NAME OF CEM	WETERY (	OR CREMATORY	23d ±OCA	TION (City, town,	or cruety)	(State)
REMOVAL (Specify)			_Gardens			Ral		. 45011/1	foloset
24 FUNERAL DIRECTOR	S SIGNATURE	. /	APDRESS	2	250. RE	C'D BY REGIS		STRAR'S SIGNATI	URE
Mm.y.	Vickne	14	Sous -	Wa	0017 MA	R 2 1 '60	Orth	7 S. Krous	
				V	MILL				

Technined by the haspidened in attending physician.

Standard DIRECTOR: After the certificate has been signed by the attending physician and campy page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E 01

VR A15 (4) 15M 9/S9

Poges 1 and 2 shauld be filed with

24 hours after death Page 4

TO FL

VR A15 (4) 15M 9/59

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

123000	<u>,                                      </u>				
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WH	ere deceased lived. If institu b. COUNT		efare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, lown).  Dundalk	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limits, write	RURAL and give	negrest lown)
d. NAME OF HOSPITAL (If nat in haspital, give street	aven Road	d. STREET ADDRESS	Haven Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF BECEASED (Type or print) Margaret	Middle K	Schavittic	4. DATE MO OF DEATH Mare		Day Year 1960
5. SEX 6. COLOR OR RACE 7 MARI		B. DATE OF BIRTH February 27,	9. AGE (in year last birthday)	Months Day	AR IF UNDER 24 HRS 3 Hours Min
10a. USJAL OCCUPATION (Give kind of work done during most of warking life, even if relired)  HOUSEWILE	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLÄCE (State		12 CITIZEN	OF WHAT COUNTRY?
13 FATHER'S NAME		14. MOTHER'S MAIDEN N			
George Fifer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	Anna (	. Marion	ddress	
(Yes, no, or unknown) [If yes, give war or doles of service]	1	seph E. Cane	4 1 1 1 1	inwood A	lua Balta
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO		natosis	No. 10 April	111	NTERVAL BETWEEN NSET AND DEATH
Conditions, if any, which gave rise to immediate case (a), stating the under.					
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION C	IVEN IN PART 1(0	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)		
20c TIME OF INJURY Manth, Day, Year 20d. 1 Hour a.m. 19 White p. m 19	Nat while fa	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		{Coun	ly) (State
21. I certify that (I) (this hospital) attends saw the deceased alive on 18 Man	ded the deceased from.		60, to 18/110 M, from the couses of	and on the de	that (I) (we) las
220 SIGNATURE THORIS Rainesa	, M.D.	M.D PHYS E DI	ED. STAFF PHYS		3-19-6
22c. PHYSIC AN'S NAME (Type) MORRIS RI	AINESS, M.	D. 1105 OLD	EASTERN H	VE. E	55E X.21,1
230. BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)  DURLING 3/22/60	230 NAME OF CEMETERY O	emetern	23d LOCATION (City, lower Baltimone	, ,	(State)
24. FUNERAL DIRECTOR'S SIGNATURE  John A. Monan 3000 & 1	ADDRESS  Balto St Balto	Mad DATE MA		GISTRAR'S SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



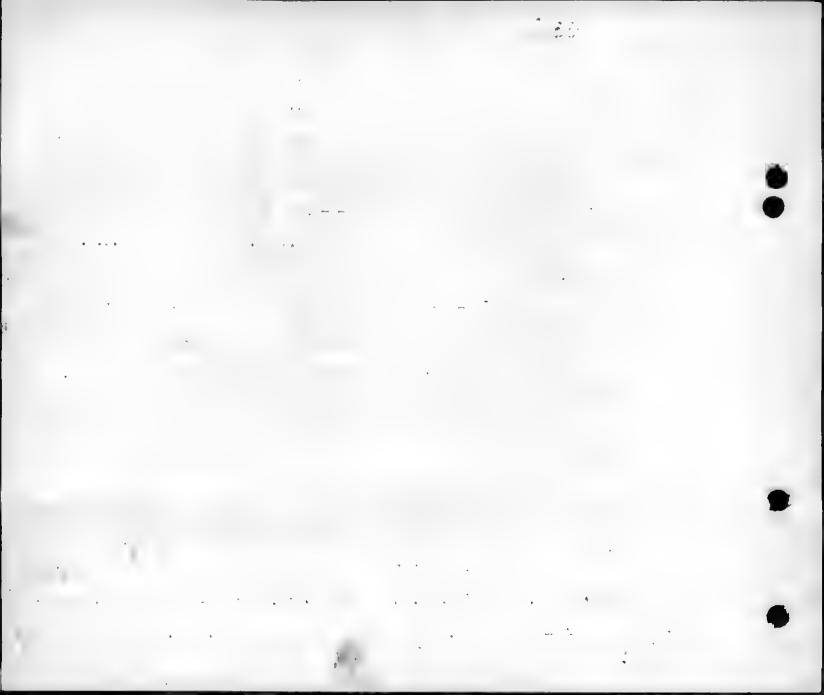
03027

U	10 24		Reg. Dist	t. No.		
1, PLACE OF DEATH		2 USUAL RESIDENCE (Where de	eceased lived. If institution: Residence	e before admission)		
Baltimore	MARY	Maryland	b COUNTY Bal	timore		
b. CITY OR TOWN (If autside carpora RURAL and give nearest town)	le limits, write   c LENGTH OF STAY	IN 16 c. CITY OR TOWN (If outside	corporate limits, write RURAL and gi	ive nearest town)		
Perry Hall		X Perry Hall	1			
d. NAME OF HOSPITAL (If not in hosp	ital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE		
or institution Cross Road		Cross Road	d	ON A FARM? YES X NO		
3. NAME OF	First Middle	lost 4. D.	ATE Month	Day Year		
(Type or print) JO	hn		EATH March 18	1960		
5 SEX 6. COLOR OR I	RACE 7- MARRIED NEVER MARRI	ED B. DATE OF BIRTH	9. AGE (In years: IF UNDER )	YEAR IF UNDER 24 HRS Days Hours Min,		
Male White	WIDOWED DIVORCE	□ 12-4-1884 188		buys Hours Mill.		
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b, KIND OF BUSINESS C	OR INDUSTRY 11. BIRTHPLACE (State or fore	aign country) 12. CITIZ	EN OF WHAT COUNTRY		
Farmer	Own Farm	Balto., Md.	U.	S.A.		
13. FATHER'S NAME	1100 000	14. MOTHER'S MAIDEN NAME	•			
Joseph Schot	ŧ.		Unknown			
15. WAS DECEASED EVER IN U. S. ARMEI	Address					
(Yes. no, or unknown) (If yes, give war or do	21/1-10-925	Charles Schott	Cross Road Per	rv Hall Md		
	one couse per line for (o), (b), and (c).		01000 10000 101	INTERVAL BETWEEN		
PART I, DEATH WAS CAUSED	nw nw			ONSET AND DEATH		
IMMEDIATE CAI	JSE (o) COPODEL F	lemorrhage				
33/X D	JE TO					
Conditions, if ony, which ) gove rise to immediate						
couse (a), slating the under	JE TO					
lying couse lost.	(c)			<u> </u>		
PART II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED?		
				YES NO		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	or Port II af ilem 16 )					
THE LITHER, NOTIFY MEDICAL EXAMI	NER)					
20c. TIME OF INJURY Manth, Day Hour a.m.	Year 20d INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. factory, street, office bldg., etc.)	. (City ar tawn) (Co	ounty) (State)		
p m.	19 White Nat while at work at work	l l				
21 L certify that Lattender	the deceased fram Nov	19.59, to dea	th 19 that Llas	t saw the blocage		
olive on Jan 28		death accurred at 53 OPM, for				
dive dii	, did indi		ram the causes and an the	DATE SIGNED		
ACTUAL To a ser	Mesones					
SIGNATURE 6 COTTO	- Lauren -	M.D. 900U Belai	r Rd Balto 6 M	d 3/51/6		
PHYSICIAN'S	D 200111 000 0	0//0 =				
NAME (Type) GRORGE			r Rd, Baltimor			
22a. BUR AL, CREMATION, 22b. DATE TO REMOVAL (Specify)	122c. NAME OF CEMI	ETERY OR CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)		
Burial 3-22-			Malto., Md.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	BIT Ref 240. REC'D BY F	REGISTRAR 24b. REGISTRAR'S SIG	4 4		
Xumann oun	HOMA 1401174	aus Fu, DATE	2 3 60 mission of	/ United		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 months of the hasp and a strending physician.

TO FLUTRAL DIRECTOR: After 7.7 certificate has been signed by the attending physician and camed and 3 in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after positive.

V\$ A15 (4) 15M 9/58



### FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2864 MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

03028

1. PLACE OF DEATH 6. COUNTY Baltimore  MARYLAND  D. STATE Maryland 6. COUNTY Baltimore 6. COUNTY Baltimore 6. COUNTY Baltimore 6. COUNTY Baltimore 7. STATE Maryland 6. COUNTY Baltimore 6. COUNTY Baltimore 6. COUNTY Baltimore 7. STATE Maryland 7. COUNTY Baltimore 8. IS RES DEACE 9. SEX Monica Drive 9. SEX Monica Drive 9. SEX Monica Drive 9. AGE to prove Month Down Mo			Want		E EXMINIT	LIL .	CERTIFICA	716 01	DEATH	Reg. Dist. N	la.
d. NAME OF HOSPITAL OR INSTITUTION (I' not in hospital, give street address)  Res., 7955 St. Monica Drive  7950  7955 St. Monica Drive  7956 St. Monica Drive  7956 St. Monica Drive  7956 St. Monica Drive  7956 St. Monica Drive  7957 Monica Drive	G.	COUNTY B			MARY	LAND				1	
Ros., 7955 St. Monica Drive  7955 St. Monica Drive  12. NAME OF OFFICE Anna Metilda Schriver  13. NAME OF OFFICE Anna Matilda Schriver  14. DATE March 6, 1960  15. SEX FEMALE 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWERXX DIVORCED AUGUST 7, 1885  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY Maryland  13. FATHER'S NAME  George Brown  14. MOTHER'S MAIDEN NAME  AHELIA Finke  15. WAS DECEASED EVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address  NO 18. CAUSE OF DEATH [Enter only one course pay line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE ON MARCH IN COUNTRY (b) and (c).]  PART I. DEATH WAS CAUSE ON MARCH IN COUNTRY (b) DUE TO Conditions, if any, which gove rise to immediate cause of Market And String the underlying (c).  DUE TO Conditions, if any, which gove inse to immediate cause (c), stoling the underlying (c).	ъ.	Dunda 1	perside corporate limits, write	RURAL	1.0		11 /		orote limits, write	RURAL and give	negresi town)
S. SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   March 6, 19 60	-					5)	/		nica D:	rive	ON A FARM?
FEMALE White WIDOWERTX DIVORCED AUGUST 7, 1885 74 or Months Days Hours Min.  100. USUAL OCCUPATION (Give kind of work done of the control of working life, even fielded)  What House Wile Wile Wile Wile Wile Wile Wile Wil	DE	CEASED				S		1 OF			,
during most of working life, every (setrate)  13. FATHER'S NAME  GEORGE Brown  14. MOTHER'S MAIDEN NAME  Athelia Finke  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO III yes, give mor or daise of service)  NONE  18. CAUSE OF DEATH [Enter only one cause pay line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (c)  U.S.A.  14. MOTHER'S MAIDEN NAME  Athelia Finke  15. MOTHER'S MAIDEN NAME  Athelia Finke  Congression Name  Address  Congression Name  Congre		_						-00-1	Inst burthday)		
George Brown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address III yes, go, or unknown) None Received	10a. l dur	JSUAL OCCUPATIO	N (Give kind of work of the life of the li	lone 10b.	KIND OF BUSINESS OR	INDUST		_	iuntry)		
If yet, go, or unknown)   If yet, give war or dates at service  NONE   George Schriver 7955 St. Monica Drive	13, F		orge Brow	n					e		-
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  ONSE AND OLATH Subject to Conditions.  ONSE AND OLATH Subject to Co	15. W	VAS DECEASED EVE	R IN U. S ARMED FOI	CES? 16.				iver 7			a Drive 2
cause last. (c)		PART I. DEATH 420. Conditions, if an gave rise to immedi	H WAS CAUSED BY: MMEDIATE CAUSE (o)  DUE TO  y, which (b) into cause	130	for (a), (b), and (c).)	60	celusi	d		INT	ERVAL BETWEEN SET AND PLATH
PERFORMED? YES NO  200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Part For Part It of Item 18)	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAR PER YES								PERFORMED?		
20c. TIME OF INJURY Month. Day. Year 20d INJURY OCCURRED Hour p. m. (County) While Nat white		Oc. TIME OF INJUR	Y Month, Day, Yea	r 20d Whil	INJURY OCCURRED 20	De. PLAC	E OF INJURY (Home, f	arm, +20f, (City		(County)	(State)
21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from Natural causes . Accident , Suicide , Homicide , Undetermined manner											
ACTUAL SIGNATURE COLLEGE MD. CHIEF MEDICAL EXAMINER D  ASSISTANT MEDICAL EXAMINER D  ASSISTANT MEDICAL EXAMINER D  ASSISTANT MEDICAL EXAMINER D  OFPUTY MEDICAL EXAMINER D		EXAMINERYS	Jack Co	111n			ASSISTANT MEE	OTCAL EXAMINER		3.	
PAME (1500)  220. BURIAL CREMATION, 22b DATE THEREOF  MEMOVAL Specify 1,060. Burial  Oak Lawn  DEPUTY MEDICAL EXAMINER []  22d LOCATION (City, town, or county) (Stote)  Eastern Ave Md		BURIAL CREMATION	N. 226 DATE THEREO	<u>-</u>	27c NAME OF CEMET			22d LOCAT	ION (City, town,		
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  John J. Dude 7922 Wise Aspen 20 March 14'60 Culling S. Kinne	_		_	Tal 4 -		•					

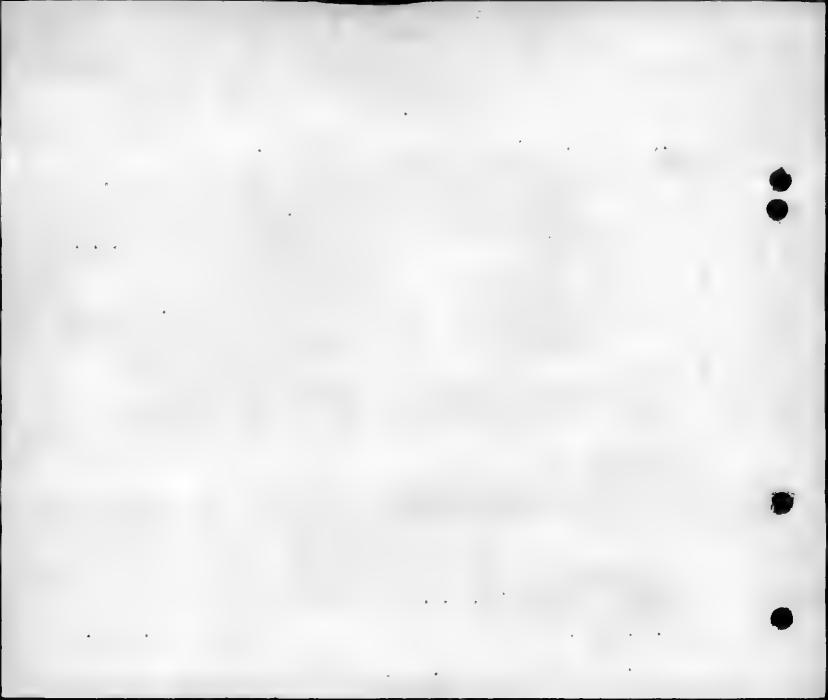
John J. Duda 7922 Wise Ave. 22. Maryla PAMAR 1 4

5 4 ° VS. A15ME 5M 2/57

TO DEPUTY

IFPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please is the certificate, writing the word "pending" in pending life liter, 18. Give Pages 1, 2, and 3 to "vineral director. Page does far waited to 1. White Medical Examiner's Office along with form PM3. Page 5. White director your filest UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 win the State Board of Health, its designated agent, priar to burial, cremation, or removal, and in any event within 78 hours after death.





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 opy of 3053 FICATE OF DEATH 2. DATE OF DEATH NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution s. COUNTY HE HOT IN MOTE TALL OR INSTITUTION GIVE STREET ADDRESS OF OCCUPANION FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If autside city limits, wr te RURAL and give township) INSTITUTION STREET, ADDRESS (lik rurol, give location) 9. AGE (In years Wunder 24 Hours of Under 1 Year 7. SINGLE, MARRIED, 6. COLOR OR RACE S. SEX last birthday) WIDOWED, DIVORCED (Spacify) Hours Months Days AFORMATION SHOULD BE CAREFULLY SUPPLIED AND LEGIBLY. 12. CITIZEN OF WHAT COUNTRY? 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10 A USUAL OCCUPATION (G ve kind of Totalli work done during mast of working life, even 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ADDRESS Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL SECURITY NO. THE CAUSES OF DEATH CLEARLY na ar unknawn) (If yes, give wor ar dates of service) INTERVAL SETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY A PERMANENT LEADING TO DEATH This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease **DUE TO** injury or complication which caused death. **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN NO Y r certify that (1) (this hospital) affended the deceased from \_\_, that (!) (we) fast saw the deceased blive on and that in (my) (our) opinion death occurred at /C 4 \_m., from the causes and on the date stated above 23A. SIGNATURE 23s. ADDRESS 23c. DATE SIGNED ATTENDING PHYS EX MED DIRECTOR [ STAFF PHYS 24A. BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE 24c. NAME OF CEMETERY OF CREMATORY 240-LOCATION (City, town, or county) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 0 9 . 25 FUNERAL DIRECTOR DDRESS VS 150

TOP VS A15 (4) 15M 10/57 X

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3054

CERTIFICATE OF DEATH

	CERTIFICA	TIE OI DEATI		Reg. Dist. No.
O. COUNTY BeHimore	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Maryls	b. COUNT	Vion: Residence before admission)  Y  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	vitside corporate limits, write	RURAL and give nearest town)
Fullerton R.D.	Lyps	X Full	lerton R.D.,	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	iddress)	d. STREET ADDRESS	oreley	e. IS RESIDENCE ON A FARM? YES NO TX
3. NAME OF First	Middle SCO	nion lost	4. DATE M	
(Type or print) Vames	50	04104	OF DEATH May	ch 23 196
5. SEX 6. COLOR OR RACE 7 MARRI		B. DATE OF BIRTH	9 4 9. AGE (In year lost birthdoy)	
10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if refired)			or foreign country)	12 CITIZEN OF WHAT COUNTRY
Laborer H	ome Construct	The state of the s	ryland	U.S.A.,
13. TATRIER 3 NAME		14 MOTHER'S MAIDEN N	IAME	
Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S			rah Sconion	**
(Yes, no. or unknown) (If yes, give mor or dates of service)	SOCIAL SECURITY NO 17	NFORMANT	Ac	ddress
no		George Dors	ey Full	erton Maryland
18. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).}			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erebrovesc	Ulza ALL	dest	
422, / DUE TO	1 1			
Conditions, if ony, which ) (b)	txtexio sule	ratio Card	12 ASTROSEA OF	Disesta
gove rise to immediate DUE TO				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER  20b. DESC	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	EIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?, YES NO FL
	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in f	Port I or Port II of item 18.)	
	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	(County) (Stole)
Hour o. m. While of work	HOI WILLE	ctory, street, office bldg., etc.	)	
21. I certify that I attended the decease		, 1958, to M	arch 23, 196	
alive on M 2 y uh 7 1, 19 6	o, and that death			and an the date stated above
1. 45			ADDRESS (Street, city or town	
SIGNATURE William a.	Typon	M.D. Kingsu	ille M	d. 3-23-6
PHYSICIAN'S NAME (Type) William A. Tyso	on .	Kingsy	ille Maryl	and.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, Iown	, or county) (State)
Burial Mar 2701966	Ashiry			alto. Maryland.
23 FUNERAL DIRECTOR'S SIGNATURE	Abingdon, Ma	aryland 240. REC'I	MAR 2 9 60 246 REC	GISTRAR'S SIGNATURE
I YOU WYN X WI WITHIN XI	Warmengii, M	DATE DATE		Children S. Frank



<u> </u>					Reg. Dist. N	Φ.		
1. PLACE OF DEATH	1	2. USUAL RESIDENCE (W	here deceased live				mion)	
Baltimore	MARYLAND	o. STATE Maryla	nd	b. COUNTY	Baltimo	re		
CITY OR TOWN (If outside corporate limits, write RUR)     and give nearest fours)	AL C. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF	outside corporate	imits, write R	URAL and give	nearest to	wn)	
Vonkton		Monkto	าท					
d NAME OF HOSPITAL OR INSTITUTION (IF not	t in hospital, give street oddress)	d. STREET ADDRESS					SIDENCE A FARM?	
		1					NO 🔲	
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Day	Y	ear	
(Type or print) Jay Ketchun	n Secor		OF DEATH MA	r.18		1	9 60	
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AG	E (In years	FUNDER TYEAR		ER 24 HRS.	
Male White WH	DOWED DIVORCED	Jan. 9 1912	1,	A yrs.	Months Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	106. KIND OF BUSINESS OR INDUSTRY		or foreign country)		12. CITIZEN C	F WHAT	COUNTRY	
Tawver	Self	Ohio			1 11.	S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			NAME OF THE OWNER, THE		
Jay K. Seco	122	Mar	rv Barnes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. INF	ORMANT	y warnes	Address				
Vas World War 2	"	Mary Same	-1- C	_	,			
1B. CAUSE OF DEATH Enter only one cause po	er line for (o), (b), and (c).]	Mrs. Sar	ah Secor		INT	RYAL BETWE	EN	
PART I. DEATH WAS CAUSED BY:	Strongulation di	ia to ceni	retion /	of a	ONE	SET AND DEA	I PL	
9:1.1) DUE TO bolus of meat. into the trachea 5 min.  Conditions, if ony, which) (b)								
(c), stoling the underlying DUE TO (c)								
ATIC	PERFORMED? YES NO							
Y								
CAUSE OF DEATH.	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF COURSED. (Enler nature of injury in Port II of item 18)  Anale cating the deceased choked and died promptly.							
The carrier recessed choken and the promitive								
Hour 9 p.m. 3/18/609	The House the August Annual An							
21. I certify that I tack charge of			Inspec	tion D	Inquiry [	and	ind that	
death resulted fram: Natural caus				rmined ca		j, and	ina ma	
	,	oc Lj. Hamilelae	, Ondere	illiniog co	олс <u>Г</u> .			
ACTUAL (1) M. 7	rance	M.D. CHIEF MEDICAL EX	AMINER [7]			DATE S	O COMPANY	
SIGNATURE	ASSISTANT MEDICAL EXAMINER							
EXAMINER'S NAME (Type) A. M. France		DEPUTY MEDICAL E				3/19	160	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR C		22d LOCATION (	Lity, town, or	county)	(Stote	/ Y V	
Burial March 21 1			Monkto		,,	1	•	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR		RAR'S SIGNATU	RE		
William & Lich	ener + Sons	DATE	AR 21 '60	On	thun S. Hi	as CA		

Elnne tres

VS. A15ME(5) 5M 9/55

ar remaval.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

CLO the certificate, writing " ward "pending" in pencif in Item 18. Give Pages 1, 2, ==4 3 to 1 in Item 18. Give Pages 1, 2, ==4 3 to 1 in Item PM3. Page 5 may be retain 10 - AVERAL DIRECTOR: Page 5 should be used as a burial-transit permit. File pages 1 and 2 with

03

If any delay is necessary, please exene francial director. Page 4 should be to files.

frar prior to byriol, gramation,



· Office /200

24b. REGISTRAR'S SIGNATURE

Curiling S. France

240. REC'D BY REGISTRAR

DATE MAR 1 0 160

attending physician. ertificate has been signed

	, ^ CERTIFIC	AIL OI DLAIII	Reg. Dist. No.
٦.	PLACE OF DEATH O. COUNTY  Baltimore  MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE Maryland	ed lived. If institution: Residence before admission) b. COUNTY Baltimore
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give-nearest town)  OWSON	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8000 Ridgely Oak Road	18000 Ridgely	Oak Road   6 IS RESIDENCE ON A FARM? YES   NOX
3	NAME OF DECEASED (Type or print) Mrs. Manie L	Shaw' 4. DATE OF DEATH	Month North 8th 1960
\$.	sex 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5  temale white widowed x divorced 5	June 6, 1878	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Haurs Min.
100	P. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most at working life, even if retired)  TOUSEUM LE	USTRY 11. BIRTHPLACE (Stole or foreign Maryland	country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME? Wyatt	14. MOTHER'S MAIDEN NAME	
	a on or selection.	INFORMANT Dr. Roland Fishe	r 8000 Ridgely Oak Roc
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Canditians, if ony, which gave rise to immediate cause (a), stating the under-lying couse last.	Heart Dis	interval Between onset and Death 3 years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 206. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I or Pa	rt II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e P While Not while of work at work	LACE OF INJURY (Home, farm, 20f (Croctory, street, affice bldg., etc.)	ly or town) (County) (State)
	21 1/2 1/2 1/2 1/2	h accurred at $P_{M}$ , from ADDRESS (	1952 (that I last saw the deceased the causes and an the date stated above Street, city or town, state)  DATE SIGNED
	PHYSICIAN'S Charles E. Shaw, M.D.	M.D. 5801 Loch Raven Baltimore 12, M	Blvd. March 9, 1960 aryland
22	P. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF BURIAL SPECIFY 3/11/60 Druid Rid		ATION (City, town, or couply), (State)

Leonard J. Ruck 5305 Harford Road #14

TO FU VS A15 (4) 1SM 9/SB

AL DIRECTOR:

shauld be



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

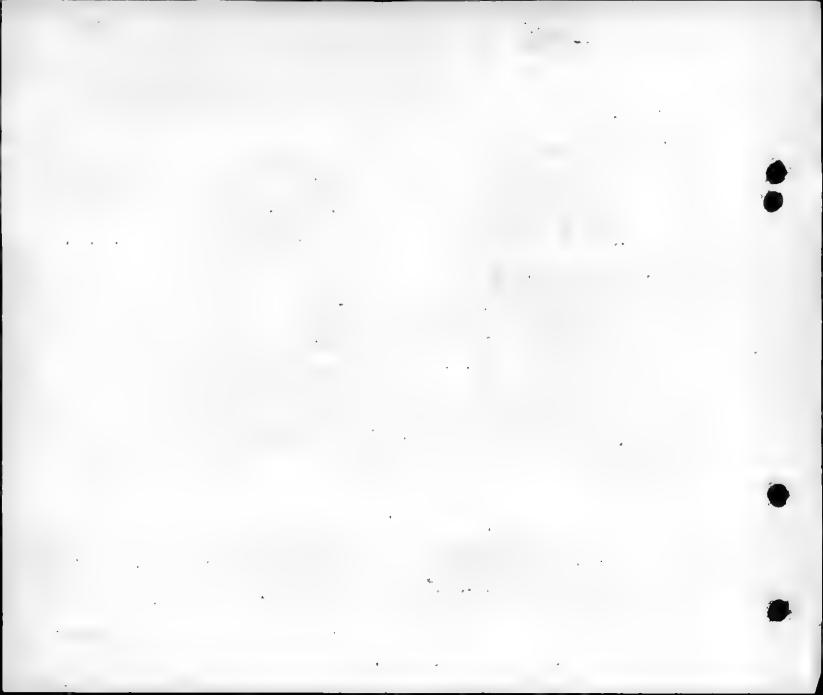
**CERTIFICATE OF DEATH** 2057

Reg.	1,4 Dist.	2	δ	2
------	--------------	---	---	---

	0004				Reg. Dist. No.						
	1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	: Residence before admission)						
	Bal timore	MARYLAND	Mary 1	Land	Anne Arundel						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits write RUI	RAL and give nearest town)						
		mthl2dys		m, Maryland	021						
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION	i)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
	SPRING GROVE STATE HOSPITA	L	115 /	ludrey Avenue	YES NO						
	3 NAME OF BECEASED (Type or print)  Bertha	Middle Jeannette	Severn	4. DATE Month OF DEATH March	Doy Yeor 28 1960						
	5. SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	lost birthdov)	Months Days Hours Man						
	female white WIDOWED	DIVORCED 🔲	Jan. 10, 188	37 73 yrs.	Months Days Hours Min						
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	housewife		Mary]	Land	U. S. A.						
ΛÌ	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
Н	XXXXXXX Gischel, William		?	Harmon							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown)   (If yes, give war or dates of service)	L SECURITY NO. II	NFORMANT	Addre	35						
	no Unka	ioum Rec	ords: SPRING	GROVE STAE	HOJPITAL						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: Conge	PART I. DEATH WAS CAUSED BY: Congestive heart failure									
	422, / DUE TO										
	Conditions, if ony, which) Arterisclerotic cardiovascular disease										
	gove rise to immediate DUE TO										
	lying couse lost. (c)	lying couse lost. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				N IN PART 1(o) 19. WAS AUTOPSY PERFORMED?						
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10  Arterio scler otic nephrosclerosis  Arterio sclerotic nephrosclerosis										
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRED	), (Enter nature of injury in F	fort I or Port II of Item 18.)							
	20c. TIME OF INJURY Month, Doy, Year While of work of work		ACE OF INJURY (Home, form		(County) (State)						
	Hour o.m. While Not work of work of work of work work work work work work work work	ADI WILLIE		<b>'</b>							
	21. I certify that I attended the deceased fro	Aug.	6 19.57 to	March 28 19 60	nat I last saw the deceased						
	olive on March 28 , 19 60	_, and that death	accurred at 7:30a	M. fram the causes and	an the date stated above.						
	N	_,		ADDRESS (Street, city or town, st							
	ACTUAL Steller Was 3h		M.D. SPRING C	PROVE STATE H	OSFITAL 3-28-60						
	PHYSICIAN'S Stella Wachsler, M.	D.	0-4	lle 28, Marylan	a						
	NAME (Type)										
	REMOVAL (Specify)	NAME OF CEMETERY O		22d. LOCATION (City, town, or	county) (State)						
			Cemetery	Anne Arundel							
	0.	ADDRESS	11		RAR'S SIGNATURE						
	Meorge France 4001 R	ITCHIC /	Var V DATE A	PR 5 '60 a	rthur S. Kraus						

TO HOSEITAL OR ATTENDING PHYSICIAN: IIIe ow Inquires that the death certificate be executed within 24 haurs after death. Page 4 from in by the funeral director, ages 1 and 2 should by riled with may etoined by the hospite attending physician.

O FULL AL DIRECTOR: After the certificate has been signed by the ottending physician and camplinged 3 shauld be detached for use as the burial-transit permit. Then please remaye corban papers, the registrar prior to burial, cremation, or remayal, and in any event within 72 hydrs offer death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03034

3059

**CERTIFICATE OF DEATH** 

	PLACE OF DEATH  O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE MARYLAND b COUNTY
Ŀ	CCCKEYS (1) LLE 4 TEARS - & MO.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTIMORE 7
(	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  NIA SONIC HOME	d STREET ADDRESS 4404 VESTA A UE  o IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \( \sigma \)
- (	NAME OF DECEASED (Type or print)  HELEN  Middle  C.	SHEETS 4. DATE Month Day Year DEATH MARCH 27 1966
S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH OCT. 7 18 79 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Gas birthday)   Months   Days   Hours   Min
10a	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDiduring most of working life, even if retired)  HCUSE WIFE	MARYLAND  12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME  HENRY MARTIN	LOUISA KIMLER
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.  (If yes, give war or dates of service)	Harry L. Druth fr. Cotheywille Med.
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the under-tying couse lost  DUE TO  Conditions, if ony, which gove rise to immediate (b) Hy justauries (c) A latellite  Couse (a), stating the under-tying couse lost	ONSET AND DEATH  ONSET AND DEATH
IF CATION	ACCIDENT WAS UNDERLYING T	PERFORMED? YES NO NO RED. (Enter noture of injury in Port I or Port II of I term 18.)
AI CERT	OR CONTRIBUTING CAUSE OF DEATH LE SITHER, NOTIFY MEDICAL EXAMINER]	PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
MEDIC	Hour o. m. 19 While Not while of work of work	foctory, street, office bldg., etc.)
	21 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an	death accurred an 15 M, from the causes and on the date stated above.
	Nalto 1. LLes	M.D. ATTENDING MED DIRECTOR STAFF PHYS. 227/6 SIGNED
	NAME (Type) WALTER T. KEES	COCKEYSUILLE, MD
23o	BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY 3-30-69 Druid Ridge	
24 Wi	FUNERAL DIRECTOR'S SIGNATURE illiam Cook, Inc., 1217 St. Paul Stre	eet 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

O FULL ALD DIRECTOR: After the entificate has been signed by the attending physician and cample in agges a shauld be detached for the burial-transit permit. Then please remave carban papers. Pages the State Baard of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PLTSICIAN: The law requires that the death certificate be executed within many relationed by the haspity attending physician.

TO FL MAI DIRECTOR: After the retificate has been signed by the attending physician and camping the completion of the completion o VR A1S (4) 15M 9/59

Pages 1 and 2 shautd be filed with

24 hours after death. Page 4



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) "Maryland **6. COLINTY** MARYLAND Baltimore b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Fort Howard Days Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) A IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO P 856 W. Pratt Street Middle 4. DATE Month Year HENRY DEATH March 1960 SHINHOLSER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 51 (In years 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS White Manths December 9.1905 DIVORCED TAL WIDOWED | 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chauffeur Taxi-cab Brinson, Georgia 14. MOTHER'S MAIDEN NAME Arthur C. Shinholser Hattie Avant IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address 264-01-2232 Clinical Records. VAH. Balto. 18. Md. Ft. Howard Div. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] ONSET AND DEATH unknown XYYY VALVE Unknown (b) HYPERTROPHY AND DILATATION OF THE HEART DVB(TOX EDEMA OF THE LUNGS 1 WEEK PERFORMED?

PART I. DEATH WAS CAUSED BY SUBACUTE BACTERIAL ENDOCARDITIS OF THE AORTIC Conditions, if ony, which gave rise to immediate cause (a), stating the under-Tying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPSY YES 😡 NO 📋 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)

20c TIME OF INDIRY

230 BURIAL, CREMATION, 236 DATE THEREOF

27 S GNATURE

22c PHYSICIAN'S

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Removal

say the deceased alive an March 7

1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

DECEASED

Male

S. SEX

(Type or print)

13. FATHER'S NAME

Yes, no, or us

o.

should

puo Ξ

offer

papers

pilip

é

hos

DIRECTOR

¥

0

permi

20d, INJURY OCCURRED While Not while

of work 🗀 of work 📗

**ADDRESS** 

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

NAME OF CEMETERY OR CREMATORY

Riverside Mem. Pk. Cem.

factory, street, affice bldg., etc.)

21 I certify that (I) (this haspital) attended the deceased from February . 1. 160, to March. 7.

. 1960, and that death accurred at 5.200 Arrom the causes and an the date stated above

22d. ADDRESS

PHYS

1960\_, that // (we) last

(State)

8/60

23d LOCATION (City, tawn, or county)

Jacksonville, Florida

250 RECID BY REGISTRAR

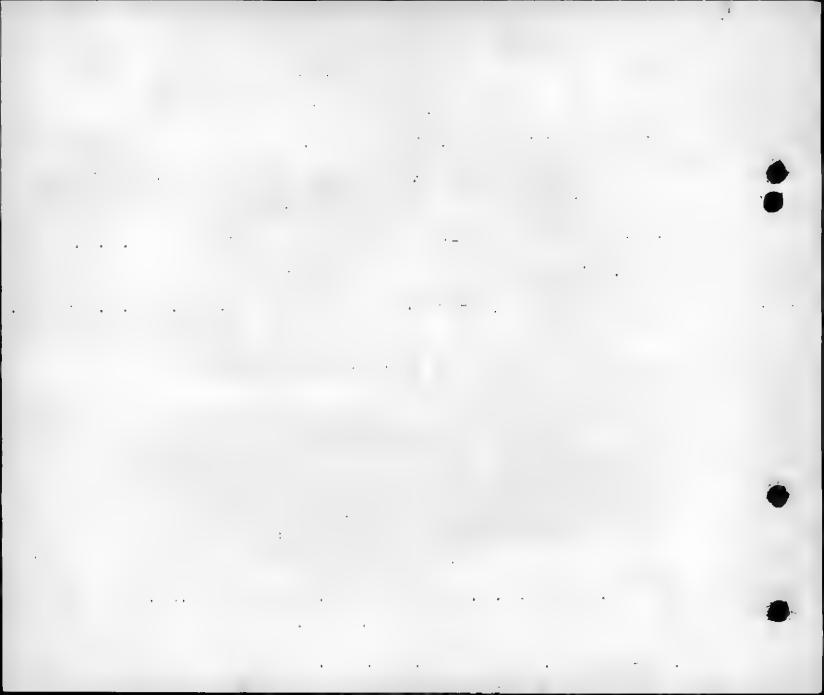
DIRECTOR

Cirthung & House

Wm.Cook-Blight. Inc. 6009 Harford Rd. Balto. 11, Md. Shipped to: Hardage & Sons, 517 Park St., Jacksonville, Fla.

GONZALEZ

3-9-60



# 3061

**CERTIFICATE OF DEATH** 

{	} 3	0	ΰ	6

,			00	17.4	CLI		416		AII	•			Reg. D	ist. No.		
,	ji	LACE OF DEATH				·			ICE (Whe	ere decease	d lived. If i		n. Reside	nce befo	re odmiss	ion)
	ď	. COUNTY Ba	Itimore		H	ARYLAND	o. ST	Ma Ma	ryla	and	6. CC	YTNU				N.
	ŧ	CITY OR TOWN (st	autside corporale limit	s, write	c LENGTH OF S	TAY IN Th	c. CI	TY OR TOW	VN (If or	utside carpo	prote limits, v	write R	URAL ond	give nec	rest lown	)
		Catonsv			lyrlmth:	2dvs	B:	altimo	T'P					DVA	114	ie.
1		I. NAME OF HOSPITA	L (If not in hospital, g	ive street (			-	REET ADD							e. IS RES	
7		PRING GRO			PITAL		]]	115 F	Pine	Heig	hts Av	enu	e			FARM?
	3. P	NAME OF DECEASED	Fin		Mi	ddle		Łasi		4. DATE OF		Mon	th	Do	,	Yeor
		Type or print)	Anthon	y (1	intanas)	(Sen	enas	Sime	enas	DEATH	M	arc	h	18	•	19 60
	S S	EX	6. COLOR OR RACE	7 MARR	IED 🖺 NEVER MA	ARRIED	B. DATE (	OF BIRTH			9. AGE (In lost birt)	years day)	IF UNDE			R 24 HRS
		male	white	WIDOWE	D K	RCED 🔲	Aug	gust 2	24, ]	1904	55	yrs	MORTHS	Doys	Hours	Min.
	10a.	USUAL OCCUPATION	V (Give kind of work ong life, even if retired)	one 10b.	KIND OF BUSINE	S OR INDU	STRY 11.	BIRTHPLACE	(State o	or foreign i	country)		12. (1	IZEN OF	WHATC	OUNTRY
		labore	T		mainter	nance		Lithu	ania	a.			]	ith	ania	3.
	13.	FATHER'S NAME					14. MC	THER'S MA	LIDEN N	AME						
		Felks Se	menas						.Emi	lja S	emena:	3				
	15.	WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY	NO.	NFORMA	dT .				Addr	ess			
	(T43,	unknown (	yes, give wor or dates of se	LAICE)	unknown		Reco	rds:	SPR	ING	GROVE	St	CATE	HOS	PITA	Τ.
		18 CAUSE OF DEAT	H [Enter only one co	use per lin	e for (o), (b), and	(c) ]				_				LINTE	RVAL BE	TWEEN
	PART I, DEATH WAS CAUSED BY: COMPANY CONTAINS											ET AND	DEATH			
		22 IV	IMMEDIATE CAUSE (o)		16010499	Carai	avvi	dell 6				<u> </u>				
		Conditions, if ony, which ) (b) Generalized arteriosclerosis														
		gove rise to im	mediate (	u	eneraliz	ed ar	cerlo	scler	0318							
		couse (a), stating the lying couse lost.	ne under- DUE TO													
	z		ER SIGNIFICANT CONI	NITIONS C	ONTRIBUTING TO	DEATH BUT	NOT PEL	TED TO TH	E TEPAAIN	UAI DISEAS	E CONDITIO	NN CIN	ENI IN DAI	PT 1/o1 1	D WAS	V29OTILA
}	I OI	1881 11. 0111	R SIGNII ICANII COM	21110143	OIVINED INVOIC	DENTI BO	1401 KEU	100 10 111	E LEWISH	AWF DIDEW	SE CONDING	ALC: N	r14 114 ( M	Kr 1(0)	PERFO	RMED?
	CERTIFICATION	20o, ACCIDENT WAS	UNIDERLYING TO	20h DECC	RIBE HOW INJUI	V OCCUPE	D /E-1		luma in D	ant Los Pa	et H of Store	10.3		l.	YES	NO X
	ERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. DESC	KIBE HOW INJUI	CT OCCURRE	D. (Enter I	orure or in	jory in r	OLI DI LO	IT II Of Hells	ib j				
				- long u		loo. no	A CE OF III	I H I DV (L)		Tone						(5. )
	MEDICAL	20c. TIME OF INJURY Hour o. m.	. ,	While	NURY OCCURRED  Not while			NJURY (Honest, office bloom			y or town)			(County)		(Stote
	₩.	р, т,	19	at worl			,	- 4		1						
			it I attended the			<u>eb. 16</u>	2, 1	<u>959, 1</u>	a	March	<u> 18</u> _, 1	<u>9_6</u> Ç	that I k	ast sav	the d	eceasea
		alive an Ma	arch 18	. 196	O and t	hat death	accurr	ed at 1.	1:00	a, fram	the cause	es an	d an th	e date	stated	above
		dire di														E SIGNED
			den	2 1	1 0					BORESS (S	street, city or	town,	stote)			
		ACTUAL SIGNATURE	Stella	Wa	chshr	_	M.D	SPRIN		(Boress (S ROVE	STA IE		stote) IOS-I	TAL		8-60
		ACTUAL SIGNATURE		Wa	clishr	_	M.D		G G.	ROVE	STAIF	E	10S-1	TAL		
		ACTUAL	Ste <b>lla</b> W		llishr ler, M.	D	M.D		G G.	ROVE		E	10S-1	TAL		
	220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION	Stella W		clishr		M.D	Cator	G G. nsvi	ROVE	STAIF	yla	nd nd	TAL		8-60
	6	ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	Stella W		ler, M.		M.D	Cator	G G.	ROVE	STAIR  8. Mar  TION (City.	yla Z	nd nd	Du	3-1	8-60

24 haurs after death. Page 4 n by the funeral director, and 2 should be filed with TICIAN: The law requires that the death certificate be executed within \*rrif.cate has been signed by the attending physicion and as the burial-transit permit. Then please remave carbon in any event within 72 haurs after d page 3 should be detached far use as the burial-tra the registror prior to buriol, crematian, or remaval, etoined by the haspita TO FUX

VS A15 (4) ISM 9/SB



TO FU

VS A1S (4) 1SM 9/SB

03037

	396	2 CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY BE	ltimore	MARYLAND	2. USUAL RESIDENCE (Who		on Residence before admission) Baltimore
Balt	If outside corporate limits, wi parest town] LINOPE	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or Balti	utside corporate limits, write R MOPE	URAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (if not in haspitol, give s 1223 Leed!		d. STREET ADDRESS 1223 Le	eds Terrace	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Tda	Middle W. S	immons	4. DATE Mor OF DEATH Ma	rch 20. 1960
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HR
female	white win	OWED DIVORCED	Feb. 25, 18	82 lost birthdoy) 78 yrs.	Manths Doys Hours Min.
100 USUAL OCCUPATI during most of your 12 OUSEW 1	ON (Give kind of work done king life, even if retired)	10b, KIND OF BUSINESS OR IND		or foreign country)	12 CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		0. D. A.
	rederick We	tnhel	Unknow		
	ER IN U. S. ARMED FORCES?		INFORMANT	A.E.	race
(Yes, na, or unknown)	[If yes, give wor or dates of service)				
no			Robert B. Si	mmons 1223	Leeds Terrace
	ATH [Enter only one couse parts of the couse parts	per line for (o), (b), and (c)	1	· /	ONSET AND DEATH
PARI I. DE	IMMEDIATE CAUSE (o)	CEDO B	Car XII	C.	300
Hil	DUE TO	- 1 / HAZ 2	· 1/2/.6.4	e 460,4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, if		( 20 - 70 = 1 c	10 1/00 3/	cular	-4xes: 2771
gove rise to couse (o), stating lying couse last	the under-	antonia	I Heppo	rlengie	1092.
PART II OT	HER SIGNIFICANT CONDITIO	DNS <u>CONTRIBUTING TO DEATH</u> BL	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Z
	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURR	RED (Enter nature of injury in P	fort I or Port II of item 18.)	
20c. TIME OF INJU Hour a. m. p. m.	, v		PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.		(County) (State
21. I certify to	hat I attended the dec	regsed from Sat 1	1959, to 4/	11. ch 20 18/1	Shat I last saw the decease
alive an Ull	-1 75/	10			d an the date stated above
Olive dilegge	2 -/4	/ dia mar deal	in accorded dig.	ADDRESS (Street, city or town,	stote) DATE SIGNE
ACTUAL SIGNATURE	11-12-20	in breaunes,	Z.M.D		3/21/6
PHYSICIAN'S NAME (Type)	Bruce Brumba	augh, M. D.	5609 Ma	in Street,	Elkridge, Md.
220 BURIAL CREMATION REMOVAL (Specify	3 4 4-	22c. NAME OF CEMETERY		22d. LOCATION (City, town,	or county) (State)
Burial Burial	3/23/60	Lorraine	Mausoleum	Baltimore.	Maryland
23. FUNERAL DIRECTOR		ADDRESS	24a. REC'I	BY REGISTRAR 245 REGI	STRAR'S SIGNATURE
Howard H.	. Hubbard 4	107 Wilkens A	venue DATE M	AR 2 3 '60 C	Inthus S. Thousand



**ADDRESS** 

SOL LEVINSON & BROS INC. 6010 Reisterstown Rd

03038

IS RESIDENCE

ON A FARM?

YES TI NO T

19

Hours

INTERVAL SETWEEN ONSET AND DEATH

> PERFORMED? YES T NO D

> > (Stote)

DATE SIGNED

(Stofe)

Davs

(County)

24b. REGISTRAR'S SIGNATURE

Cribun & House

24g, REC'D BY REGISTRAR

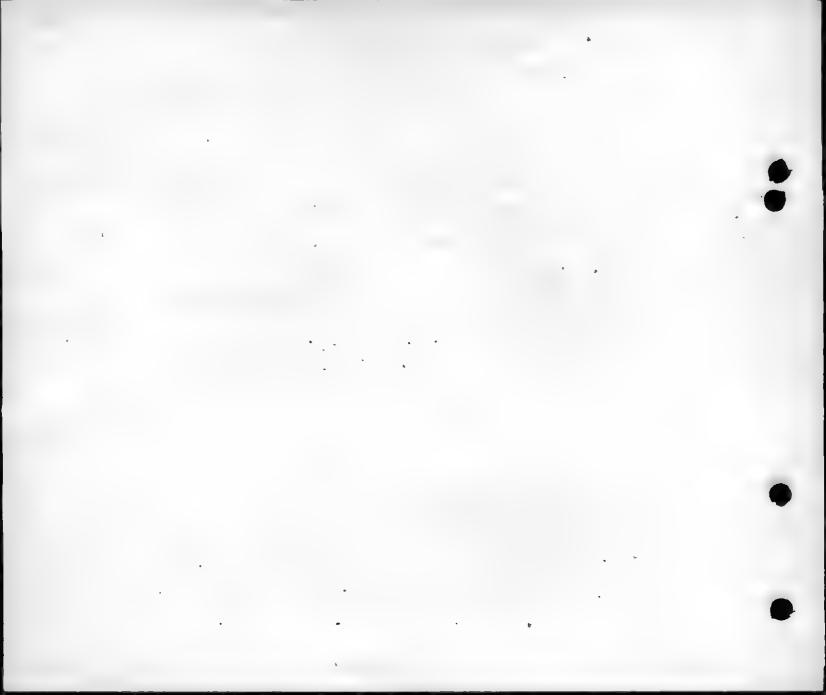
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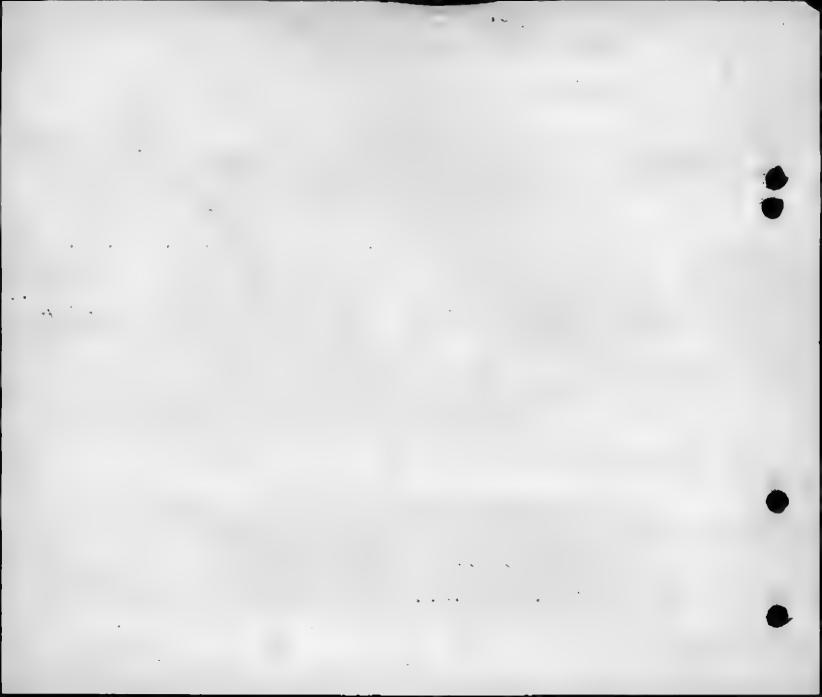
DIRECTOR: /

0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, MEDICAL EXAMINER'S CERTIFICATE OF DEATH L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before edmission) e. COUNTY sfuneral director. Page **b.** COUNTY Baltimore Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) Board of H 54/17 write RURAL and give neerest town) Essex d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 22 Zone ON A FARM? retained State 1 Dundalk Avenue S. Dundalk Ave. YES NO TO 3. NAME OF 4. DATE Middle Month DECEASED 2 with the 1960 (Type or print) LOTTE (LOTA) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Female White should be executed within 24 hours after 1g" in pencil in Item 18, Give Pages 1, 2, 1s Office along with form PM3. Page 5 m a burial-transit permit. File pages 1-end 2 WIDOWED IX DIVORCED 10a. USUAL OCCUPATION (Give xind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if refired) Typist McShane Constr. Smithburg. W. 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME George Simon Maude Blake certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknown) | (If yes give were release factories) Dundalk Ave., #22 Plezz Allen, 38 S. 295-20-7620 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aspiration of vomitus IMMEDIATE CAUSE (a) **DUE TO** Chronic ethanol poisoning. Conditions, if any, which (b) to the certificate. Iting the word "pending" forwarded to the Chief Medical Examiner's C. DIRECTOR: Page 3 should be used as a bated agent, prior to burlal, cremetion, or rem gave rise to immediate cause **DUE TO** (e), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. While et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection 1 Inquiry and in my opinion Natural causes 7 death resulted from: Accident Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER 3/5/60 EXAMINER'S William V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) REMOVAL (Specify) Baltimore, Md. Holy Redeemer Cem. 040 Burial 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Schimunek Funeral VS. A15ME MAR 8 160 arilar & Krous 5M 7/59



**CERTIFICATE OF DEATH** Reg. Dist. No. with I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 11 o. COUNTY o. STATE b. COUNTY MARYLAND F YYLC ofter death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO pup NAME OF Middle DATE First 4. Last Month Day Year DECEASED OF DEATH (Type or print) 60 19 within IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED A DIVORCED YES executed paper USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Puo carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) IYes, no, or unknown! 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: / DUE TO ģ ony Conditions, if any, which permit. signed gove rise to immediate **DUE TO** cottse (o), stoting the underpuo lying couse lost. burial-tronsit (c) peen PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) icote 80 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 p. m. at work at work ğ 101. 29, 1960, that I last saw the deceased 21. I certify that I ottended the deceased from and that death accurred at A. from the couses and on the date stated obove. ADDRESS (Street, city or town, state) DIRECT **ACTUAL** SIGNATURE pluous PHYSICIAN'S HNCE NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) poge REMOVAL (Specify) m61 LO. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE APR arthur S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

03041

2902 Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (1) outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town). Meano 40 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO 1 NAME OF DATE First Middle Lost Yeor DECEASED DEATH (Type or print) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED Months Doys Hours Min. DIVORCED WIDOWED 3 yrs 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Liberty Parkwas VIC INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 20 Two IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), slating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO Y 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY-MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED LEgler nature of injury in Port La Port II of item 18 ) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form 720f (City or town) (State) (County) aglory, street, office bldg, etc. 0. m Not while at work at work 21. I certify that I attended the deceased from 10-04-1444 1960, that I last saw the deceased alive on 1714 G At M, from the causes and on the date stated above. ..., and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S 1/1/21 NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) RPMOVAL (Specify) Bel Air Memoria Durial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR MAR 21 '60 Koad #14 Corthun & Flore Hardord

if director, filed with funerol uld be fi phoods physicion hours 72 toched 0



ours after death. Page 4

Wilh director

Filed

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at III nding p pleose

by the

tending physician.
ficate has been signed the burial-transit permi

cert ficote

requires that the death certificate be execute

the funerol

# MARYLAND STATE DEPARTMENT OF HEALTH\_BALTIMORE 18

e. IS RESIDENCE ON A FARM?

YES NO

Residence before admission)

ond give nearest town)

220	CERT	IFICATE	OF	DEAT
137.				

317	ALL DELAKTIMENT OF TICALITI—DALITIMON	(1304)
	CERTIFICATE OF DEATH	Gotta:
5	CERTIFICATE OF DEATH	Reg. Dist. No.

306	S CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH B. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution o. STATE Mary Land b. COUNTY)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURA
RURAL and give nearest town) Caton Sville	lyr8mth2ldys	Bal timore
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS
SPRING CROVE STATE HOSE	TTAL	5617 Bellryan Road
3. NAME OF First	Middle	Last 1 4. DATE Month

2,	DECEASED	FIE	ST .	WIGGIS	LC	740	DATE	Mont	7	Da	y 1	rear
	(Type or print)	Vic	tor	M.	Solle	rs	OF DEATH	Mar	ch	2	1	9
5	SEX	6 COLOR OR RACE	7 MARRIED X NE	VER MARRIED	B. DATE OF BIR	тн	9.	AGE (In years last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HR
	male	white	WIDOWED	DIVORCED [	August	28, 18	87	72 yrs.	Months	Days	Hours	Min,
10	o. JSUAL OCCUPATIO	N (Give kind of work	one 10b. KIND 9F	BUSINESS OR	NDUSTRY 11. BIRTHI	LACE (State or	foreign coun	try)	12 CIT	ZEN OF	WHATC	OUNTR
	mechan:	ing life, even if retired 10	Stole	ireal	M	ary land			U.	S.	Α.	
13	FATHER'S NAME				14. MOTHER	S MAIDEN NA	ME					
	James T	. Sollers				Ann	a					
	. WAS DECEASED EVER	IN U. S. ARMED FOR		CURITY NO.	INFORMANT			Addre	95.5			
1.1	unknown	T yes, give wor or oures or s	21 2-05	-9820	Records:	SPRING	GROV	E STAT	E HO	SPI	TAL	
	18. CAUSE OF DEAT	TH [Enter only one co	use per line far (a),	(b), and (c) ]							RVAL BE	
		H WAS CAUSED BY:	Arter	iosclero	tic cardi	ovascul	lar dis	ease		ONS	ET AND	DEATH
	4 72	DUE TO										
	Canditians, if an		Genera	alized a	rterioscl	erosis,	sever	re				
	gove rise to in couse (a), stating t	nmediote (										
	lying couse last,	ne under-										
Z	PART II OTH	ER SIGNIFICANT CON	<del></del>	ING TO DEATH	BUT NOT PELATED T	O THE TERMINA	AL DISEASE C	ONDITION: GIVE	N IN PAR	T 1(a) 1	9 WAS A	AUTOPS'

PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.)

CERTIFICATIO (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at wark p. m.

Feb. 1960 March 2, 19 6 Phat I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 1:30pM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state)

3-2-60 ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville

220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

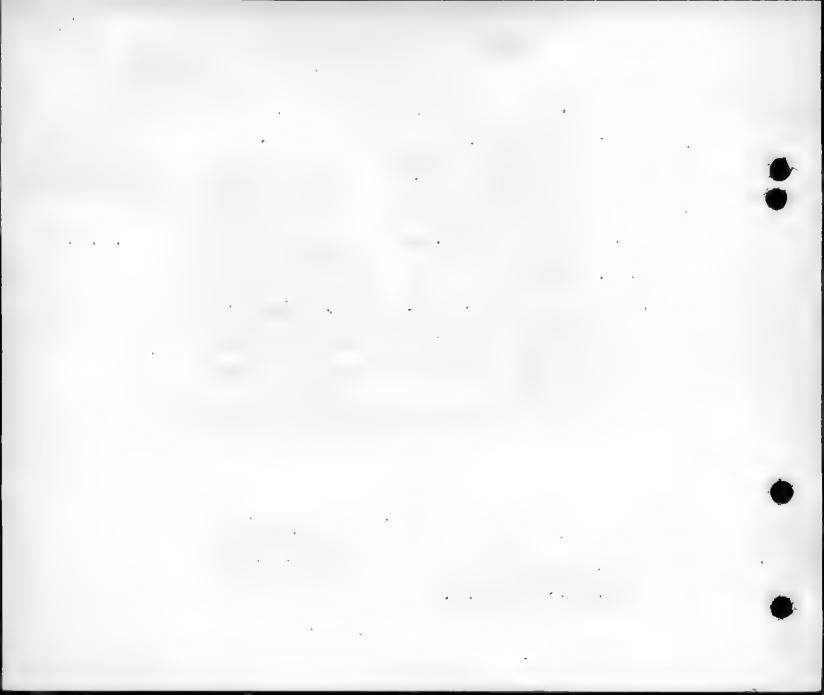
2404-REC'D BY REGISTRAR '60

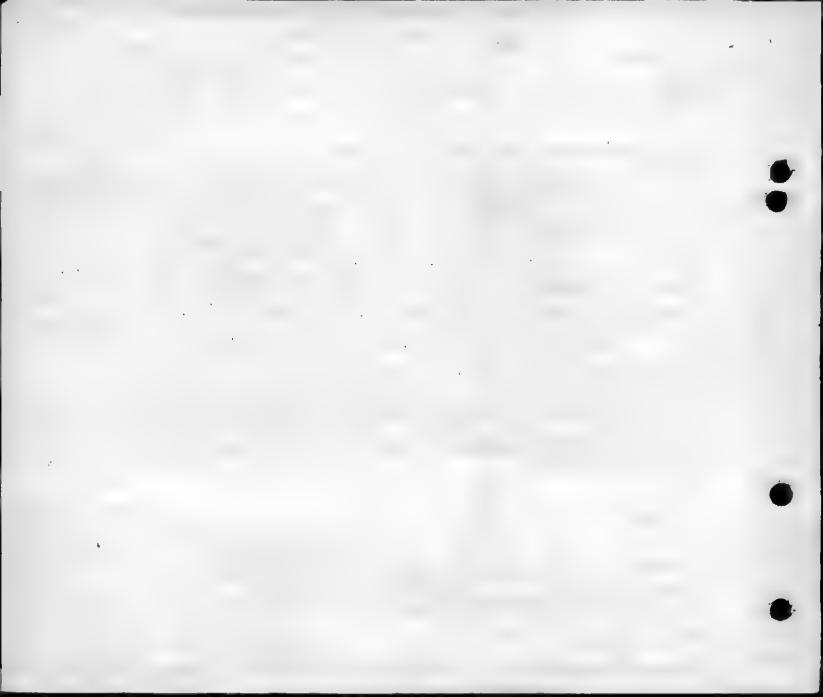
246 REGISTRARIS SIGNATURE

(Stote)

shauld be detached for AL DIRECTOR: After the registrar bage TO FU VS A15 (4) 15M 9/58

prior





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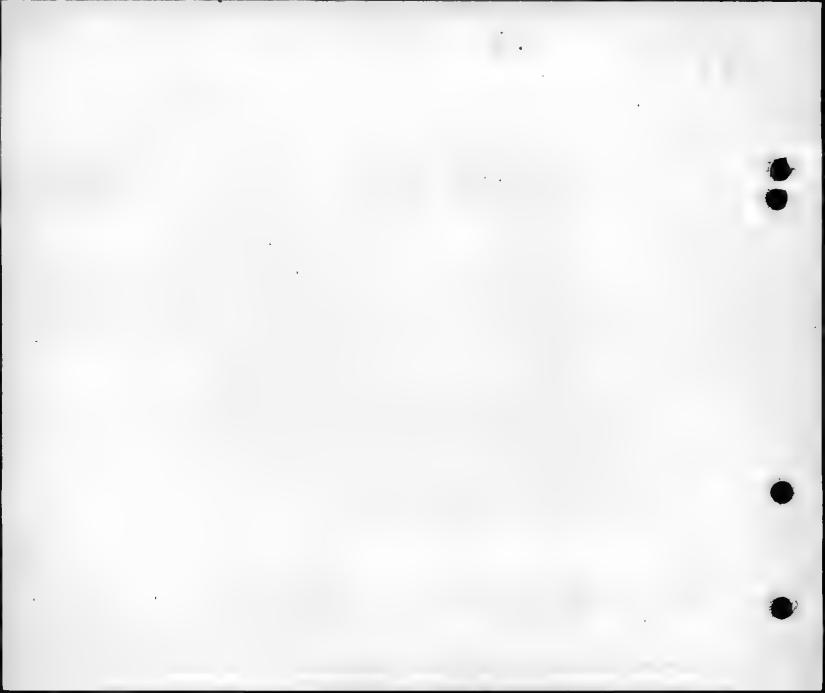
### CERTIFICATE OF DEATH

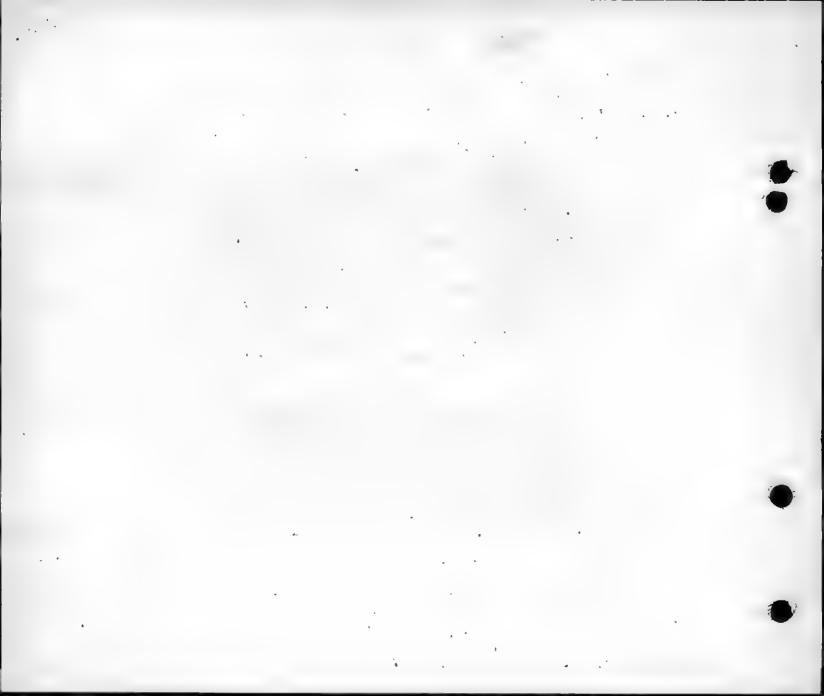
		Reg. Dist. No.
1	1, [	PLACE OF DEATH BALTIMORF MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b COUNTY Baltimore
	R	CITY OR TOWN (If outside corporate limits, write comporate limits, write rural and give nearest town)  RURAL and give nearest town)  RURAL — BILL TIMORE  BY CLY  NAME OF HOSPITAL (If not in hospito, give street oddress)  OR NSTITUTION BOX 344 Chesaco Park  BOX 344
		NAME OF DECEASED Lost 4. DATE Month Day Year OF DEATH Makely 25 1960
	5 5	F WIDOWED DIVORCED JUNE 11, 1885 10st birthday) Months Doys Hours Min
	100	USJAL OCCUPATION (Give kind of work done done done done done done doring most of working life, even if retired)  Housewife Med.  12. CITIZEN OF WHAT COUNTRY?  Baltimere Med.  USA
	13.	FATHER'S NAME HERMAN J. WARNS Huna Their
		WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Park Box 344 Chesaco Purk.  Non-equiliprown) 1/18 year give was or doller of service, Non-e Barbara A. Steiner Box 344 Chesaco Purk.
		18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  UNITERVAL BETWEEN ONSET AND DEATH  # ###
		420. O DUE TO  Conditions if ony, which gove rise to immediate Out To
0	ATION	Couse (a), stating the under- lying couse lost.  (c)  PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED?
	CERTIFICATION	20g ACCIDENT WAS JNDER YING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m 19 While Not while of work at work.
ı		21. I certify that I attended the deceased fram. 2-11-57, 19, to 3.25 60, 19, that I last saw the deceased alive an 35 Munt, 1960, and that death accurred at 440 M, fram the causes and an the date stated above.
,		ACTUAL SIGNATURE M.D. ADDRESS (Street, city or lown, state)  DATE SIGNED  M.D.
	00	PHYSICIAN'S Josep' E. Schulte, M.D. 8019 Philadelphia Rd. Balto. 6, Md.
	K	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOGATION (City town, or county) SURIA (Specify) 11 GRC 29, 1960 Holy Recember Cemetry De l'ir mone, Mcl.
14	23	EUNERAL DIRECTOR'S SIGNATURE  240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE  DATE MAR 3 0 '60 CATHUR & KLAUE.

n by the funeral director, Jours after death. Page 4 TO HIM ALOR ATTENDING P. CIAIL: The law Equires that the death certificate be executed may raised by the haspin the restriction in the region of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplipage 3 shauld be detached for use as the buriol-transit permit. Then please remove carban pages the registrar prior to buriol, cremation, agreemand, and in any event within 72 haurs after death

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V\$ A15 (4) 15M 9/58





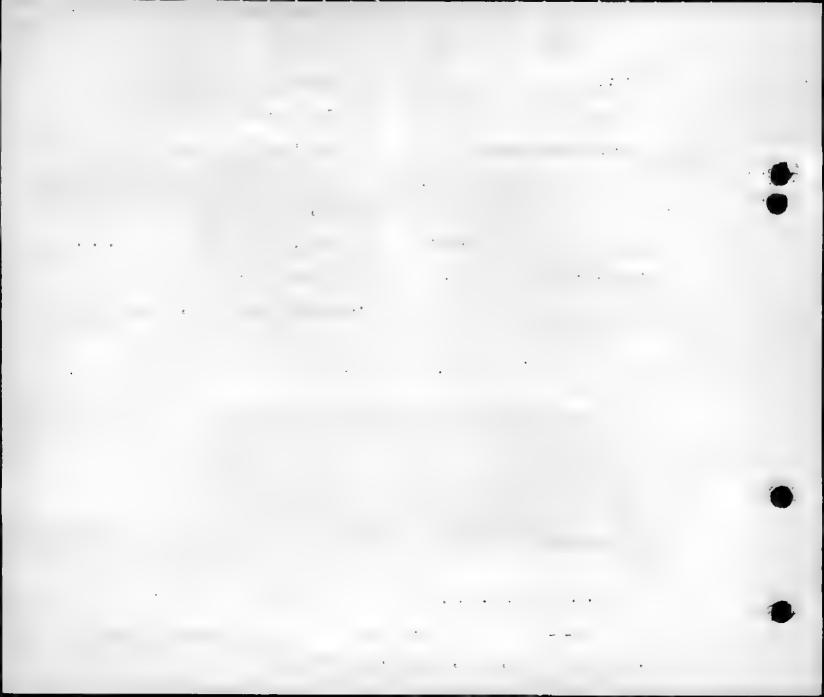
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Maryland Baltimore c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) Woodlawn Towson e. IS RESIDENCE d STREET ADDRESS d. NAME OF HOSP TAL (If not in hospito), give street address) ON A FARM? OR INSTITUTION YES NO 5215 Windsor Mill Road Reesbyterian Home 4. DATE NAME OF Middle Manth Yeor DECEASED DEATH (Type or print) 60 Stratton March Alexander IF UNDER TYEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE ( n years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T last birthday) Manths Days Haurs WIDOWED (X) DIVORCED July 12.1873 Mala White 10a, USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) U.S.A. Dundee, Scotland Mechanic Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Young William Patterson Stratton 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Presbyterian Home. Marvland Tows on. No INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema 15 min IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Cardiovascular disease Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Part II of item 18.) 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stole) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) Month. Day, Year factory, street, affice bldg., etc.) Hour a.m. While Not white at work at wark 21. I certify that (I) (this hospital) attended the deceased fram. JAN. 1953, to MAR 4, 1960, that (1) (we) lost M, from the couses and on the date stated above. 19 € 3, and that death occurred of 2 saw the deceased alive on M 22a SIGNATURE S GNED ATTENDING DIRECTOR | M.D 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) S.J. Venable Jr. M.D. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C'ty, town, or county) (Stote) REMOVAL (Specify) Lorraine\_Park Mondlewn. Maryland Eurial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS John O. Mitchell & Sons, Inc., 1900 Eutaw Place DATE

eral director, be-filed with the funeral should be-fi after camp pup 72 гетаме attending permit has been si burial-transit physician ficale DIRECTOR: þe AL

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15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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nd completed by popers. Poges	
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page 3 sh The Stote I

Board

AL MIRICTOR:

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore o. SMaryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 Fort Howard Days

CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

b. COUNTY

Baltimore d STREET ADDRESS

d NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
Veterans Administration Hospital e. IS RESIDENCE ON A FARM? 4202 Maryland Place YES NO IX NAME OF DECEASED Middle DATE First Manth Year Day (Type or print) DEATH 10 19 60 March ALFRET F STROBEL 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B DATE OF BIRTH Manths Hours DIVORCED [ Male White WIDOWED | February yrs 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Watchman Hospital Baltimore. Maryland U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick H. Strobel Barbara Wengert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW 5-05-1708 Clinical Records. VAH. Balto. 18. Md. Ft. Howard Div. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRAIN TUMOR WITH METASTASIS UNKNOWN **DUE TO** Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Operation - Craniotomy, right frontal lobe- 2/12/60 YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) Doy, Year (Caunty) (State) factory, street, office bldg., etc.) Haur a. m. While Not while ot wark 📋 ot wark 21 I certify that // (this haspital) attended the deceased from January 19 100 10 March 10 19 60, and that death accurred at 11 MOrph the causes and an the date stated above saw the deceased alive an March 10

220/SIGNATURE

22c. PHYSICIAN'S

REMOVAL\_(Specify)

ATTENDING PHYS. M.D. 22d. ADDRESS

SIGNED 11/60 STAFF PHYS T

Maryl and

NAME (Type) GONZALEZ 23a BURIAL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY

BALTIMORE 18. MD.FORT HOWARD 23d. LOCATION (City, town, or county) (State)

Baltimore

Burial 24 FUNERAL DIRECTOR'S SIGNATURE

George A. Farley

Frederick and Shady Nook Aves Balto Md.

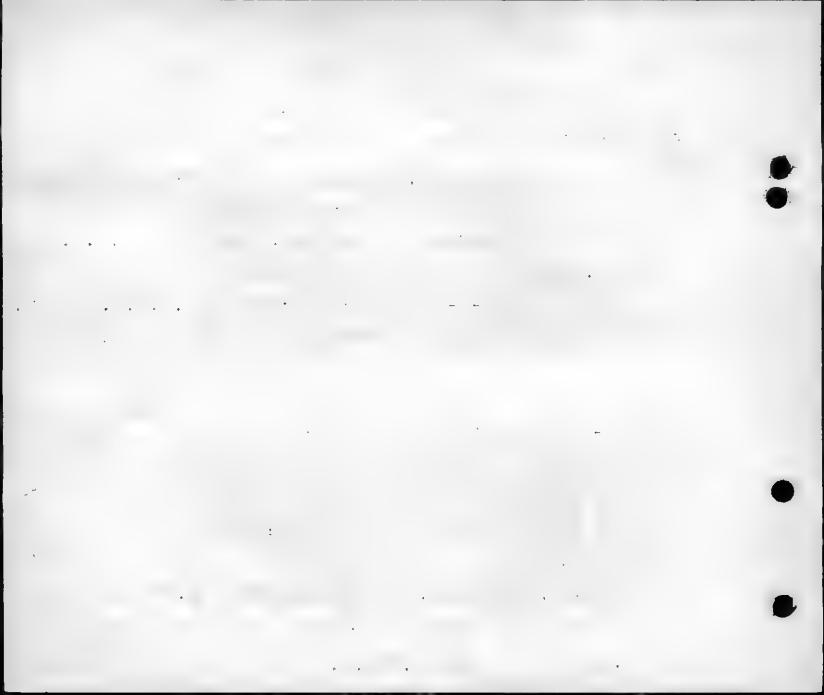
Lorraine Park Cemetery

25a REC'D BY REGISTRAR DATEMAR 1 4 '60

DIRECTOR ...

25b. REGISTRAR'S SIGNATURE

TO FU VR A1S (4) 1SM 9/59



MARYLAND

Reg. Dist. No.

b. COUNTY Harford

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

Mary land

detay is necessary, please exe-director. Page 4 should be eremation ENICAL NAMINER: This certificate should be executed within 21 Bours after death.

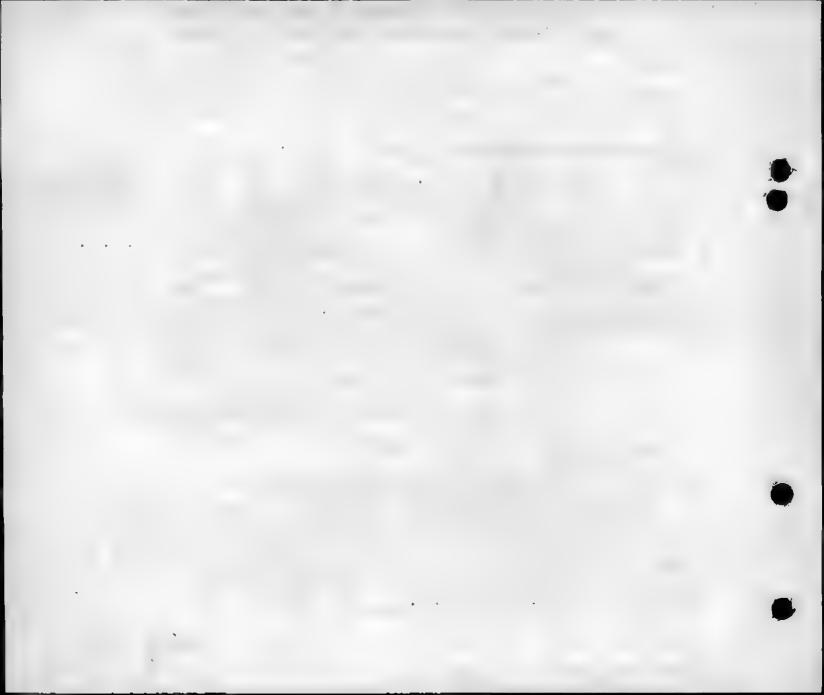
strifficate, writing red 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to be the Chief Med kaminer's Office along with form PM3. Pages 5 may be related to the Chief Med

1. PLACE OF DEATH

Baltimore

VS. A15M 5M 9/5

È		b. CITY OR TOWN Itt outside corporate limits, write SURAL and give nectant form)				c. LENGTH OF STAY II	V 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
5			Catonsvi	lle	10yr7mth5d	ys	Aberdeen, Maryland						13 1			
2	514	-	. NAME OF HOSPITA	L OR INSTITUTION (H	not in hes	pitol, give street oddress		d. STREET AD	DRESS						SIDENCE A FARM?	
<u>.</u>	J 8 T		SPRING G	ROVE STA	E HO	SPITAL		80	Mt.	Royal	Avenue				NO N	
5			NAME OF DECEASED	Fire		Middle		Last		4. DATE OF	Mont	h	Doy	Ye	901	
20			(Type or print)	Neva		К.		Sutliffe		DEATH			h 9		19 60	
2		5. SEX		6. COLOR OR RACE 7. MARRIED		ED NEVER MARRIED	8. D	DATE OF BIRTH			9. AGE (In years fout birthday)	IF UNDE Months			R 24 HRS. Min.	
	-	1	female	white	WIDOWE			October			72 yrs.	Mount	Days	Hours	min.	
. (		10a	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)													
		housewife							aryland U.					S. A.		
-		13.	13. FATHER'S NAME													
5				immell					te Mi	ller	STATE OF THE PARTY					
Ē.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [18 yes, give wer or dotes of service]															
-		unknown Unknown Records: SPRING GROVE STATE HOSPITA										- PAR L				
				H [Enter only one cour									DNSE	YAL BETWE T AND DEA	EM EM	
<u>k</u>			PART 1. DEATH WAS CAUSED BY:  Agranulocytosis due to phenothiazine sensitivity													
Ê			277	X DUE TO	(P	acatal)										
5			Conditions, if an													
			(o), stoting the v													
5		7	couse last. (c)													
ő	1	100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?													
5	3	5	200 EXTERNAL CALL	SE WAS 1201	DESCRIPTION	E HOW INITIAL OCCUPA	ED /E-t-	e natura of iniu	ry in Rost	A se Book II	of item 19.1			ES X	NO 🗌	
מ מ ז		CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF OFATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) CAUSE OF OFATH.													
		CAL	20c. TIME OF INJUR		r 20d.	INJURY OCCURRED 204	- PLACE	OF INJURY (Ho	ome, form,	206. (City	or town)	(C	ounty)		(Stote)	
2		MEDIC	Hour o. m.	19	While		factory	, street, office b	ildg., etc.)			,,-	,		,,	
) )		2	21. I certify that I taok charge of the remains described above, held an Autopsy Inspection I, Inquiry I, and find that													
			1	from: Natural o	_	_ /							· -	, una i	ing mgi	
			deam resoned	(11 1		/ /	001011	, 110	miciae	Ц, О.	idele i i i i i i i i i i i i i i i i i i		٦.			
<u> </u>			ACTUAL SIGNATURE	Lever	21 /	in the	1	CHIEF ME	DICAL EX.	AMINER []				DATE S	ONED	
3	1		SIGNATURE		- , /	11/1		ASSISTAN	T MEDIÇA	L EXAMINE	R 🗆	_				
or removal.	- Cal.		EXAMINER'S NAME (Type)	George M.	Kief	fer. M. D.		DEPUTY M	LEDICAL E	XAMINER [			3	1-9-6	10	
e .			BURIAL CREMATION			22c. NAME OF CEMETER	Y OR CE	EMATORY		22d LOOK	TION (City, town,	or county)		Stole	) /	
°		1	HEMOVAL IS SIGNIFY)	3/11/1	960	Bakers	Cal	ulery	-	alu	Xbeau	Tu	ary	las	ud	
E(5)		23.	FUNERAL DIRECTOR	SIGNATURE	2/	ADDRESS	0	//2	4o. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S &	IGNATU	E 4		
5	4	1	Jelle 7. 8	arriery -	une	xelle U	Co	\	DATE	R 1 4 '6		VI-1 21.	) d Dennin	_		



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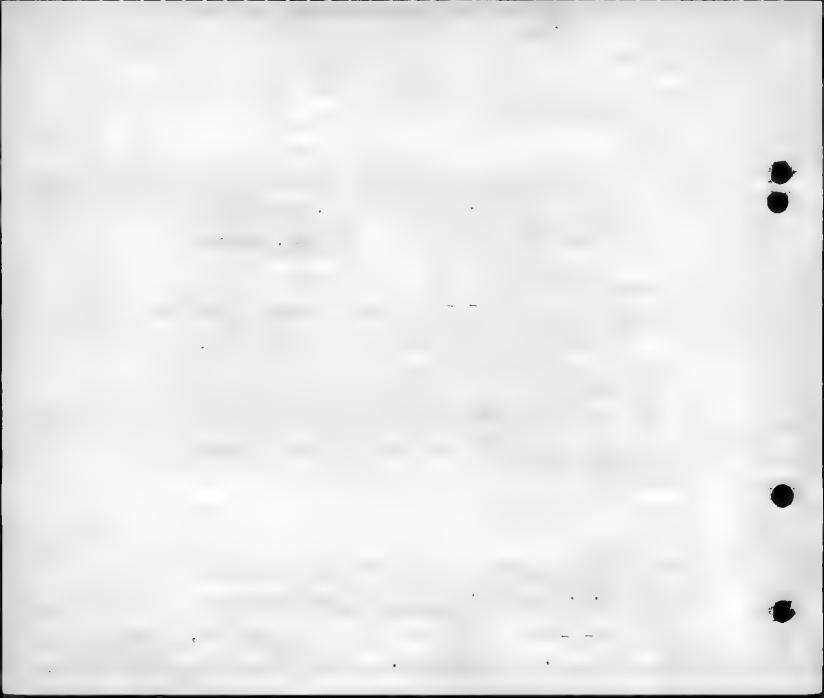
	o. COUNTY B	altimore	MARYLA	AND	o. STATE  Marv		6 COUNTY	n: Residence Ha <b>rfo</b> j	
ŀ	6 CITY OR TOWN (IF	outs de carporate limits,	write c LENGTH OF STAY IN	v 15	c. CITY OR TOWN (IF o	autside carporal			
١	RURAL OF SUPERIN	SViTle	6yr3dys		Bel Air.	Maryla	nd		1: 32. 4.
ŀ	d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, give	street address)		d. STREFT ADDRESS	-			e. IS RESIDENCE ON A FARM?
1		GROVE STATE	HOSPITAL		137 Mauls	sby Ave	nue		YES NO
F	3. NAME OF DECEASED	First	Middle		Last	4. DATE	Mont	h	Day Year
	(Type or print)	Annie	Laurie	1	Taylor	OF DEATH	Mar	ch	22 19 60
	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B	. DATE OF BIRTH	9.	AGE (In years last birthday)		YEAR IF UNDER 24 HRS
	female	white  w	IDOWED TO DIVORCED		April 1, 186	57	92 yrs.	Months D	ays Hours Min
ſ	10a. USUAL OCCUPATIO	N (Give kind of work daning life, even if retired)	e 10b. KIND OF BUSINESS OR	INDU\$1	RY 11. BIRTHPLACE (State	or foreign cour	ntry)	12 CITIZE	N OF WHAT COUNTRY
	house				Marylan	nd			U. S. A.
I	13. FATHER'S NAME	_			14. MOTHER'S MAIDEN I	VAME			
	Unkne	own			Unknown	1			
		IN U. S. ARMED FORCES	ce) av	IN	FORMANT		Addre	B53	
L	Unknown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	นกให้เกิด	Re	ords: SPRI	G GRO	Æ STAT	E HOS	SELLAL
ı	18 CAUSE OF DEAT	TH [Enter only one cause	per line far (a), (b), and (c)-]						INTERVAL BETWEEN
ı	PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arterioscler	otio	cardiovascu	ılar di	sease		ONSET AND DEATH
	400	/ DUE TO							
1	Conditions, if an		Generalized a	rte	riosclerosis				
ı	gave rise to in cause (a), stating t	nmediate ( But TO							
ı	lying cause last.	(c)_	<u> </u>						
	PART II. OTHI	ER SIGN FICANT CONDIT	TIONS CONTRIBUTING TO DEAT	H BUT 1	NOT RELATED TO THE TERM	INAL DISEASE (	CONDITION GIVI	EN IN PART	(a) 19 WAS AUTOPSY PERFORMED? YES NO 🔀
	PART II. OTHI	☐ CAUSE OF DEATH!	b DESCRIBE HOW INJURY OCC	CURRED	(Enter nature of injury in	Part I ar Port II	of item 1B.)		
ł	ZOC TIME OF INJURY	Manth, Day, Year	20d. INJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Hame, farm	n, 20f (City a	r town)	(Co	unty) (State
ı	20c TIME OF INJURY Hour a.m.	19	While Nat while of wark O of wark	fact	ory, street, affice bldg., etc	i.) i			
		at Lattended the de	eceased from March	19	1954 to 1	larch 2	2 160	hat Llast	saw the deceases
ı	alive an	arch 22			accurred at 8:10	the form the	,  ,,	1 46-	sow the decease.
ı	dive on			Jeom			et, city ar tawn, s		DATE SIGNEE
	ACTUAL SIGNATURE	Sina 6	iacustir	N	D. SPRING (	BROVE.	STAE H	OSPITA	L 3-22-60
	PHYSICIAN'S NAME (Type)	Stella Wachs	sler, M. D.		Catons vi	lle 28,	Marylan	d	
	220 BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCATIO	N (City, tawn, a	r caunty)	(State)
	Burial		1960 St. Mary	rts	(Hampden)	Bal	timore.	Maryl	and
1	23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		240. REC	P by REGISTRA	R 24b. REGIS	trar's šign	NATURE
-	Burgee Fu	meral Home	3631 Falls	Ros	d DATE		Culi	-1 8. H	tall.
	10.00	(1) V 17 5 3 5 5	1.1.292-5	-	The state of the s				



1901 Eastern Ave.

DATE

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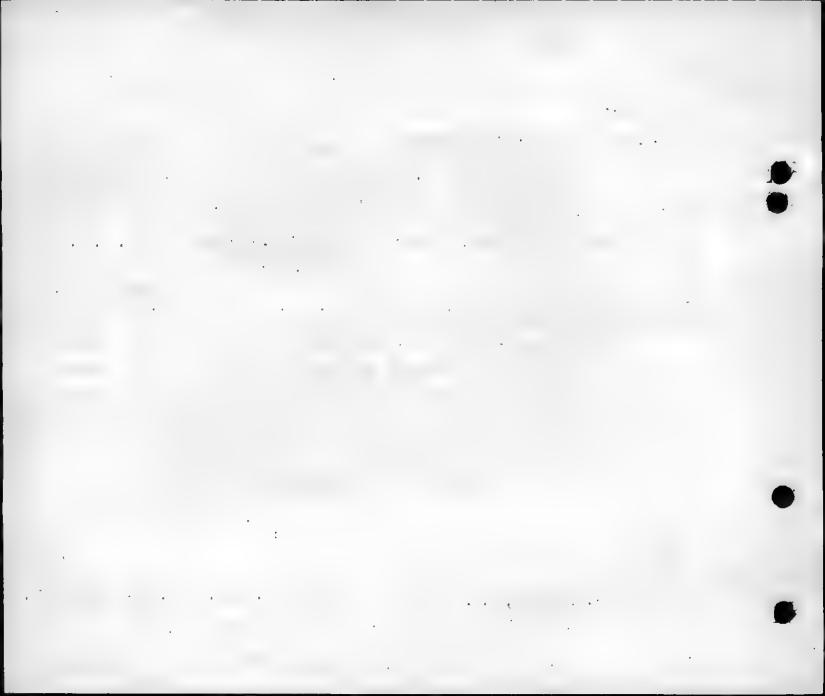
**CERTIFICATE OF DEATH** 

PLACE OF DEATH o. COUNTY Baltimor	re		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryland	here decea	sed lived. If insti b. COUN	JTY	runde		
b. CITY OR TOWN (If RURAL and give nea	outside corporate limits	, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (IF	outside cor	porate limits, writ	e RURAL ond g	ive nearest t	own)	
Fort Hov	_ '		23 Days		Annapolis						
d. NAME OF HOSPITA OR INSTITUTION	L (If nat in hospital, giv	e street	address)		d STREET ADDRESS				+ IS	RESIDENCE	
Veterans	Administr	atio	n Hospital		115 West	Stree	et			□ NO [3]	
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Ε ,	Month	Day	Year	
(Type or print)	WALTER		R.		TROTT	DEAT	<sup>TH</sup> Ma	rch	27	19 60	
S SEX	6 COLOR OR RACE	7- MARR	IED NEVER MARRIED	DE	B. DATE OF BIRTH	1990	9. AGE (In year	ors IF UNDER		NDER 24 HRS	
Male	White	MIDOWE	DIVORCED		February 13,	T00A		yrs Manths	Days Hou	urs Min.	
10a USUAL OCCUPATION		ne 10b.	KIND OF BUSINESS OR	INDU:	TRY 11. BIRTHPLACE (Stole	or foreign	country)	12. CIT17	ZEN OF WH	ATCOUNTRY	
Painter - H		N	aval Academ	LY.	Friendship	o Ma	ryland	U.	S. A.		
13. FATHER'S NAME			-		14. MOTHER'S MAIDEN						
Edwin Trot	t				Anna M. Ca	arr					
15. WAS DECEASED EVER	IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17, IN	IFORMANT		,	AddressBalt	0 18,1	/d.	
Yes	WW I	2	15-32-8483	Cl	in.Rec.,Vet.	Adm.H	ospital.	Ft.Howa	rd Di	vision	
18. CAUSE OF DEAT	H [Enter only one cou		ne For (a), (b), and (c).						INTERVAL	LBETWEEN	
PART I. DEAT	H WAS CAUSED BY:	BEE	EDING ESOPH	ACE	AT. VARTCES				HOUT	ND DEATH	
1460	XXXXX		TATE WOLLD	4.5-42	1/14/14/20				1100		
Canditions, if an	v which \	POR	TAL CIRRHOS	TS	OF LIVER				TINKT	NOWN	
gave rise ta im	mediole XXXXX				01 221-10				03171	10,1121	
cause (o), stating the lying couse lost.	(c)	EDE	MA OF THE L	UNG	S				HOU	RS	
PART II. OTHE	R SIGNIFICANT COND	TIONS C	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERM	MINAL DISE	ASE CONDITION	GIVEN IN PART	1(o) 19 W. PE	AS AUTOPSY REORMED?	
LV CVI									YES	MO □	
OR CONTRIBUTING	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	lob. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	Port 1 or f	Part II of Stem 1B )				
20c TIME OF INJURY	Manth, Doy, Year	1			ACE OF INJURY (Home, fare		City or town)	(C	County)	(Stote	
Y 20c TIME OF INJURY Hour o. m.	19	While of wor	Not while	TIQU	tary, street, office bldg., et	c-1					
	(A this bosnital)	attons	lad the deceased f	ram	March 4 16	50 000	March 2	7 160	that /	( two lar	
	ed alive an Mar				eath accurred at 11:						
226 SIGNATURE	S /	<u> </u>	4 1799 and 1	nai u	editi decorred diffi	E JUST II O	iii iiie caoses	unu un me	udie sie	22b DATE	
(Un her d	12166	1	males	7	M.D PHYS	MED.	STAFF PHYS. X		-	3/28/6	
22c. PHYSICIAN'S NAME (Type)	1	7	11		22d ADDRESS					<u> </u>	
	E CONZALE	7. M	A. C.		VA HOSPITA	AL, BA	цто.18,м	D. FORT	HOWAF	KD DIA	
230 BURIAL, CREMATION	_		23c NAME OF CEMET				CATION (City, tov		,	State)	
Burial	3-30-1	460	Annapolis	Nat	ional Cemeter	ry A	nnapolis	, Maryl	and		
24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		25a. REC	D BY REG	SISTRAR 256 R	EGISTRAR'S SIG	SNATURE		
John M. Taylo	or & Sons .1	47 G	Jaurester S	+ 4	nnanolde 901	MAR 3	0 60' 0	arthur	2 House	A	

John M. Taylor & Sons, 147 Glaucester St. Annapolis 945

naurs after death. Page 4 n by the funeral director, and 2 should be filed with SICIAN: The law requires that the death certificate be executed DEVINERAL DIRECTOR: After the certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carban paper the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours of attending physician. TO FUZZAAL DIRECTOR: After the

VR A15 (4) 15M 9/S9



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o. C	CE OF DEATH			MARYLAI	0.1	JAL RESIDEN		ere deceased		institutio COUNTY	on Resider	ice befor	e admissa	on)
	ITY OR TOWN (If a URAL ond give neo	outside corporate limits est town)	, write	c. LENGTH OF STAY IN 104 Days		ltimo		utside corpore	ote limits	, write RI	URAL ond	· ~	rest town)	4
	ACUTE TITS A DE	(If not in hospitol giv dministrat				STREET ADD		Avenu	е	(25	)		IS REST	FARM2.
DEC	ME OF EASED e or print)	PETER		Middle	VALE	GG IE		4. DATE OF DEATH	Ma	rch	th	2	3	9 60
5 SEX		White	7. MARRI WIDOWEI	ED MEVER MARRIED   D DIVORCED [		of BIRTH	r 15		7. AGE ( lost bi	in years rthday) yrs	Months	Doys Doys	Hours	Min
Ki	tchen hel	(Give kind of work do a life, even if retired) per		kind of Business or II estuarant	NDUSTRY 11	Italy		or foreign co	untry)			J. S	wнатсо • <b>А</b> .	DUNTRY?
	HER'S NAME Seph Vale	ggie				other's M.								
15. WA (Yes. 70. Yes	S DECEASED EVER	IN U. S. ARMED FORCE	V108)	SOCIAL SECURITY NO. 18-01-6858	Clin.		H ,Ba	1to 18	,Md.	Fort		ard 1	Divis	sion
18		-		e for (o). (b), and (c) ]	MBOSIS							ONS	RVAL BET ET AND DAY	WEEN
8	Conditions, if ony, which gove rise to immediate couse (a), stating the under-tying couse cost.  DUE TO  (b) MURAL THROMBUS LEFT VENTRICLE, HEART  RECENT  PUE TO  (c) SUBACUTE MYOCARDIAL INFARCTION  3 MONTHS										HS			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) 19 WAS AUTO PERFORME TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) 19 WAS AUTO PERFORME YES X NO.									RMED?				
CERTIFI OB (It	20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)													
WEDICAL 20c	Hour o.m.	Month, Day, Year	20d 1N While of work	Not while	e. PLACE OF foctory, str	!NJURY (Ho eet, office b	me, form, ldg., etc.	, 20f. (City	or town)		(	County)		(Stote)
sa				ed the deceased from 1960, and the									stated	abave.
	C PHYSIC AN'S	ad 6	72	nzi Ce -	M D. P	TTENDING HYS.		ED RECTOR [	STAFF PHYS.	26			3/	30/6
C	artbab'e.					VAH,BA		18,MD.	FOI	RT HO	DWARD	DIV	ISIO	N
23a. B.	URIAL, CREMATION EMOVA (Specify) SUFTAL		1960	23c NAME OF CEMETE Cedar Hi				Balt			daryl	and	(State	)
	neral director's		L Hom	ADDRESS ne,4001 Ritch	hie Hi			PR 5 '6	AR 2		STRAR'S SI			
2201				Baltimore		7								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company forces in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fifted with the State Board of Health priar to burial, cremation, ar remavol, and in any event, within 22 haurs offer death. DIE BIE VR A15 (4) 15M 9/59

TAL OR ATTENDING

be-filed with

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haurs after death. Page 4

SICIAN: The law requires that the death certificate be executed within



NO J

arthur S. Krane

## MARYLAND STATE DEPARTMENT OF HEALTH 3 DAYS ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

L	
1	PLACE OF DEATH  o. COUNTY  Baltunge  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  o STATE  MARYLAND  D. COUNTY  Balta.
-	b CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  4 i Chmondson are.  14 i Chmondson are.  14 i Chmondson are.
3	NAME OF DECEASED (Type or print) & diameter W. Wandele Last 4. DATE Month Day Year OF DEATH 3 /5 19 6
5	SEX  6 COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  19 AGE (In years lost birthdoy)  Months Days Hours Min  17 yrs
7	Or JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY (Let & Let & L
1	FATHER'S NAME  14 MOTHER'S MAIDEN NAME  14 MOTHER'S MAIDEN NAME  14 MOTHER'S MAIDEN NAME  14 MOTHER'S MAIDEN NAME  Address Add
1	as, no, or unknown)   (If yos, give wor or dotes of service)   16 BOCIAL SECURITY NO 17 INFORMANT Address   Mrs. (Inc. of Service)   10 BOCIAL SECURITY NO 17 INFORMANT Address   Mrs. (Inc. of Service)   Mrs. (Inc. of Serv
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART   DEATH WAS CAUSED BY  ALT   DEATH WAS CAUSED BY
	HARDIATE CAUSE (a)  HARDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), storting the under-lying cause lost.  (b)  DUE TO  DUE TO  (c)
17 (174	, (0)
A Come of desired and	200 ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1000	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Hour o. m.  P m 19 at wark of wark of wark   Occurred the wark of wark
	21 I certify that (I) (this haspital) attended the deceased from 2-1, 1957, to 3-15, 1969 that (I) (we) las
	saw the deceased alive an 3-15 1900, and that death accurred at M. fram the causes and an the date stated above 220 S GNATUR MED. STAFF SIGNET
	OZIC PHYSICIAN'S NAME (Type)  22d ADORESSY  Latoris Ville
12	30 BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (Stote)
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REGISTRAR 256 REGISTRAR'S SIGNATURE

DATE MAR 2 1 '60

page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death. ma, "strained by the hasp strending physician.

TO FUNERAL DIRECTOR: After this cert ficate like billing by the attending physician and colling. TO HG VR A15 [4] 15M 9/59

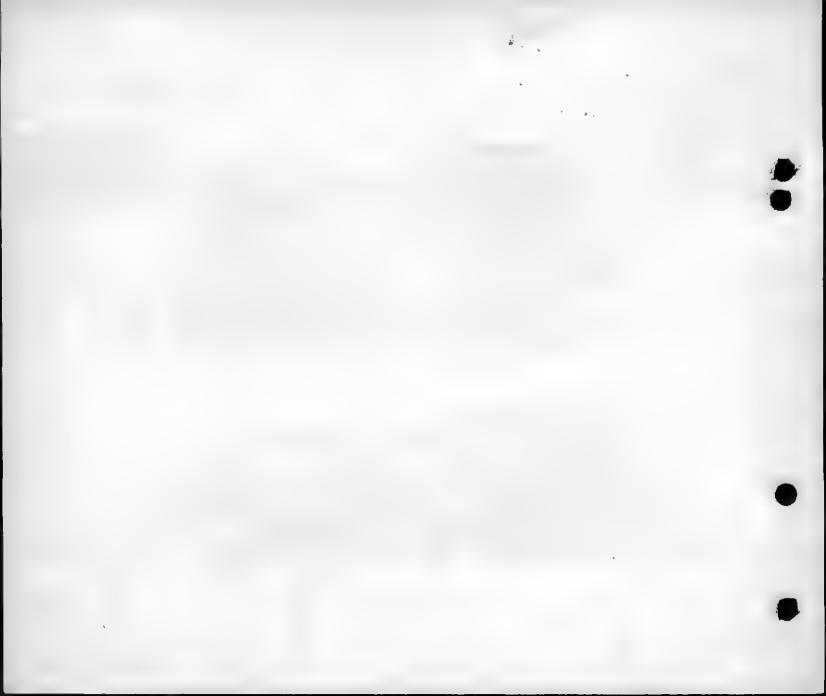
AL OR ATTENDING

haurs ofter death. Page 4

CIAN: The law requires that the death certificate be executed

in by the funeral director, and 2 should be filed with

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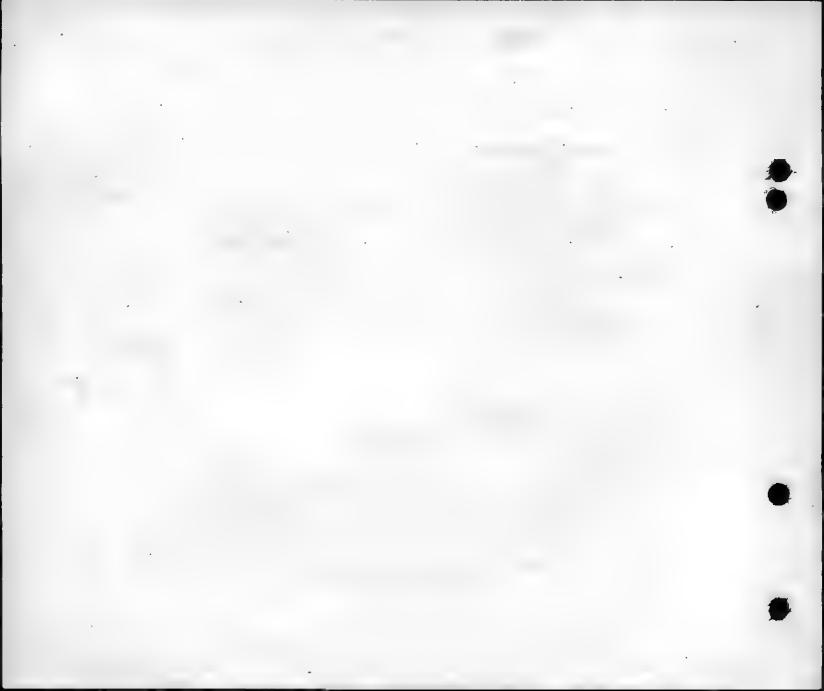
, 1	MARYLAND STAT	E DEPARTM	ENT OF HEALTH	—BALTIMOR	E, 18	03055
-	3079	CERTIFICA	ATE OF DEATH		Reg. Dist. I	(, (, - ()
4	1. PLACE OF DEATH Galtemore	MARYLAND	2 USUAL RESIDENCE (Whe	re deceased lived. If ii b. CO		efore admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  d. NAME OF HOSPITAL (If pos in haspitol, give street oddress)	TH OF STAY IN 16	c. CO OR TOWN (IF OU	220	write RJRAL and give	nearest town)  e. IS RESIDENCE
	8006 Long Meadow	o Kd	8000 Kou	4 Meade	ow Rd	ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) First	Middle 05 G P /4	MALLER	DATE OF DEATH	Month 3 - /	Day Yeor (- 1960)
	15 SEX 6 COLOR OR RACE 7. MARRIED NI Male White WIDOWED	DIVORCED 🗌		9. AGE (In last birth	day) Months Day	
	100. USJA. OCCUPATION (G.ve kind of work done 100 KIND OF during most of working life, even if retired)  13. FABHER'S NAME	rodeil	STRY 11 BIRTHPLACE (State of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	vore 1	ld W	S /7
	Morris		Kosa			
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI [Yes, no, or unknown] [If yes, give wor or dates of service]	ECURITY NO.	Yuna W	aller -	Ham	<u>a</u>
	18. CAUSE OF DEATH [Enter only one cause per line for (a), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  MY OT	(b), and (c).]	lailure.		3	NTERVAL SETWEEN WHISET AND DEATH
	Conditions, if any, which ) (b) /tyles	transi				into 1956
	gove rise to immediate couse (o), stating the under- lying couse last	ii oorti i	thering our o	orte wise	Leig.	Sef 1 (95.
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE				N GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II of item 1	8)	
	ZOC TIME OF INJURY Manth, Day, Year 20d. INJURY OC While Not at work at work at work at work.	while for	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20F (City or town)	(Coun	ty) (Stote)
	21. I certify that I attended the deceased fram		195° to accurred at 230 f			aw the deceased
O'Alliana O'Alliana	ACTUAL Surphhytuk	nu ,		DORESS (Street, city or		DATE SIGNED
	PHYSICIAN'S NAME (Type)		w at the proof with specimen and and			
	220 BURIAL, CREMATION, 22b. DATE THEREOF 220 NA. REMOVAL (Specify) 3-18-60 Le	the OF CEMETERY OF	R CREMATORY	22d. LOCATION C by.	lown, or county)	Mac (State)
	23 FUNERAL DIRECTOR'S SIGNATURE 2100 EUC	RESS PR	24a. REC'D DATE	BY REGISTRAR 246.	REGISTRAR'S SIGNAL C. J. Imag. 8. 1	1 -

in by the funeral director, and 2 shauld be filed with moverationed by the haspital attending physician.

O FULL AL DIRECTOR: After the entitione has been signed by the ottending physician and comp of the page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremotian, ar remavol, and in any eventuality 72 hours after death. TO FLEX VS A15 (4) 15M 9/58

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

4 haurs ofter death. Page





		MARYLAI	ND STATE DEPARTM	ENT OF HEALTH	-BALTIM	ORE, 18				
/		3001	CERTIFICA	ATE OF DEATH	1	Reg.	Dist. No.	(13()57		
		Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission of STATE b. COUNTY						
		b. CITY OR TOWN (If autide corporate limits, we RURAL and give nearest lawn)  Saltimore	rite c. LENGTH OF STAY IN 16	Battin	outside corporate lim	ils, write RURAL on Zone	d give neore	est town)		
70		d. NAME OF HOSPITAL (If not in hospital, give s OR INSTRUCTION  ACCOUNTS: NUTS: N		d. STREET ADDRESS	JarlauJ	Drive.		IS RESIDENCE ON A FARM? YES NO		
3.		NAME OF First DECEASED (Type or print)	Middle 4	)esthoff	4. DATE OF DEATH	MARCH	3rd <sup>Doy</sup>	Year 19 6 0		
1)	5. 9	W    : "   T	MARRIED   NEVER MARRIED	B. DATE OF BIRTH August 14	1893 66	birthday) Months		Hours Min		
	_	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) team Dept.	City of Balto			12. (	ITIZEN OF	WHAT COUNTRY?		
	13.	FATHER'S NAME William Wes	thoff	Anne So	NAME					
		WAS DECEASED EVER IN U. S. ARMED FORCES? 15, no. or unknown)  Ves  WW-1	2.4	res. Ruth Fit	zpatric	Address k=1049 l	Marla	u Dr.		
		PART 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o) DUE TO	Fluentese	o Cere	bral		INTER	VAL BETWEEN SAND DEATH		
		Conditions, if ony, which gave rise to immediate couse (o), stoling the under-lying couse lost.								
0	CATION	PART II. OTHER SIGNIFICANT CONDITION	Merosclero.	sis be	vere			WAS AUTOPSY PERFORMED? (ES NO D		
	A CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED							
	MEDICAL	Hour a.m.	Od. INJURY OCCURRED 20e. PU  /hile Not white for t work at work	ACE OF INJURY (Home, form tory, street, office bldg., etc.	) 20f. (City or low	n]	(County)	(Stole)		
		21. I certify that I attended the decalive on 3/3/	ceased from $\frac{6}{15}$	7. 1957, to occurred at 945	3./.3./ 7.M, from the	, 19 hat causes and on		the deceased		
		ACTUAL SIGNATURE 6 Me	udelis	MD. 651 NE	Seuttle	orciown state)	3	PATE SIGNED		
1		PHYSICIAN'S OF Me	ndelis M	1.1) -	Baltin	unc 10	, V	kel		
)		Burial, Cremation, 276. Date Thereof REMOVAL (Specify) 3/7/60	Balto, Nat		Balto	lity town, or county		(State)		
V	23 W	FUNERAL DIRECTOR'S SIGNATURE  VI EDEFELD & SON GREI	ADDRESS ENMOUNT AVE &	2 2 ND DATE MA	R 7 '60	24b REGISTRAR'S	SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs after death. Page 4

reformed by the haspizer or attending physician.

LAL DIRECTOR: After certificate has been signed by the attending physician and campage. I shauld be detached for use as the burial-transit permit. Then please remove carbon papers the registrar prior to burial, gremation, ar removal, and in any event within 72 hours after death.

VS A15 (4)

It d in by the funeral director, Pages 1 and 2 should be filed with



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
STATE	2903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
H DEPT.	1. PLACE OF DEATH  o. COUNTY PART   MORE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE MARYLAND  b. COUNTY BALTIMOIZE
M )	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  DIINDALK.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)   1 d STREET ADDRESS   6 IS RESIDEN   ON A FARM?  34/15 4/1 R.D.LEY DRIVE   34/15 4/1 RDLEY DRIVE   YES   NO   NO   NO   NO   NO   NO   NO   N
rr deoth	3. NAME OF FIRST Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) F-RANCES E. WHEELER DEATH MARCH 29 1960
xurs afte	5. SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  9. AGE (In your list birth agr)  FLIMALE WITH 17   WIDOWED   DIVORCED   JUNE 15. 1866   Months Days Hours Min.
in 72 ho	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country)  during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY'  MAIZYUR ND  12. CITIZEN OF WHAT COUNTRY'  13. S. A.
and the state of t	13. FATHER'S NAME  WILLIAM EMMETT CATHERINE KAUAN AUGH
omy ey	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO.   III yes, give wor or doing of service)   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   JAMES WITELER 3415 YARDLEY DIZ
ri puo	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) 77-5-0-1 DISCASC  IMMEDIATE CAUSE (o) 77-5-0-1  IMMEDIATE (o) 77-5-0-1  IM
emovol,	422 DUE TO
n, of 1	gave rise to immediate cause (a), stating the underlying couse tost. (c)
1	TART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO
אוסו, כו	20a. EXTERNAL CAUSE WAS PRIMARY OF OF DESCRIBE HOW INJURY OCCURRED Tenter noture of injury in Part E or Part II of item 18 ) CAUSE OF DEATH.
or to g	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 200 PLACE OF INJURY (Home, form, foology, street, office bldg., etc.)  White Not white of work of work of work
pri, pri	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner
50	Constitution of the state of th

M D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(Stote)

EXAMINER'S M. B. DAVIS. M.D. DEPUTY MEDICAL EXAMINER D

270. BURIAL CREMATION, 226 DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

REMOVAL (Specify) 3/3/60 CARDENS OF FILTH BHITMORE MD

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE ULLRICH FUNERILL HOINE - DUNDHLIP MD OATE APR 4 '60 Chilur S. Knows



Hartord Rd.

DATEMAR 2 3 '60

. IS RESIDENCE ON A FARM?

Year

19

PERFORMED?

(State)

Circhar & Kraus

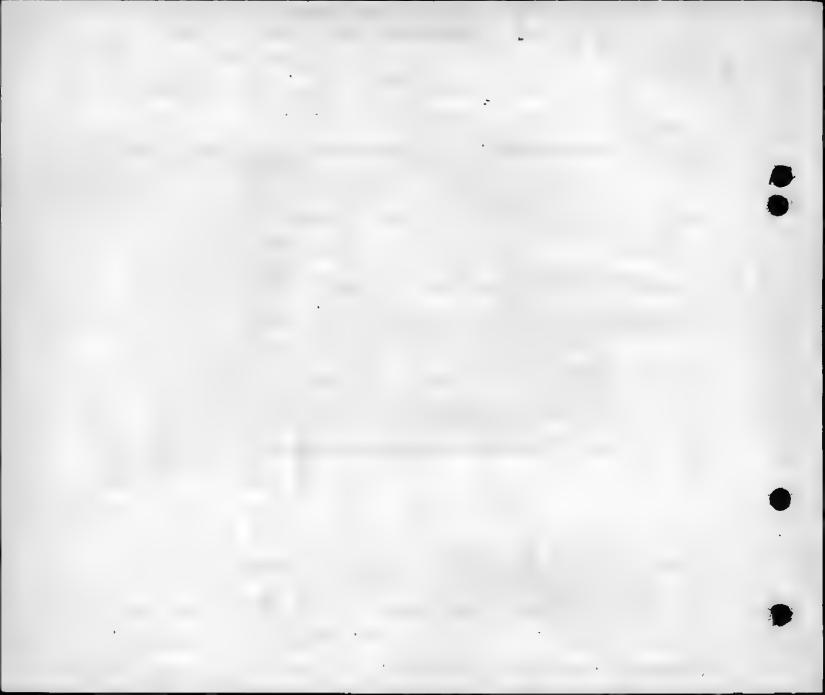
NOF

(State)

YES NO NO

60

VS. A15ME(5) 5M 9/55



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3033 À in by the funeral director, and 2 shauld be filed with hours ofter death. Page 4 offer death

**CERTIFICATE OF DEATH** 

Reg. Dist. No. (1306)

												- U	
PLACE OF DEATH O COUNTY	Baltimor	e Co	unty MARYL	- 11	o State Mary	ence (Wh	rere decea		institutio OUNTY	n Residen	ce before ad	mission)	
b. CITY OR TOWN ( RURAL ond give n	If outside carporate limi eorest town)	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR 1	own (IF o		porate fimits	, write RL	RAL and	give nearest	town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, of 2530		sor Road		/ d. STREET ADDRESS 2530 Windsor Road						o IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Fii Mar		Middle Alice	9	Wil		4. DATE OF DEAT		Mont Mar		8	Year 1960	
5. SEX	6. COLOR OR RACE	7. MARR	IED 🔼 NEVER MARRIED		DATE OF BIRTH			9. AGE (ا تعلز م				NDER 24 HRS	
female	white	WIDOWE	D DIVORCED		an. 24.	, 189	14	66	yrs	Manths	Days Ha	urs Min.	
10a USUAL OCCUPATION during most of wor Factor wo	king life, even if retired	1	KIND OF BUSINESS OR esinol Com			ACE (State timor	_	country)			ZEN OF WHA	AT COUNTRY?	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME						
A	ndrew D. C	unni	ngham			Rose	Rug	gles					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO.	INF	ORMANT				Addr	D\$\$			
no	fit ker' dive wot or some or a	ervicej		Bar	ron A.	Wils	on,	2530	Wind	sor	Road		
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (a), (b), and (c).]							_	INTERVA	L BETWEEN	
	ATH WAS CAUSED BY:			יז ייד ביי	Occli	10101	2					ediat	
11201	IMMEDIATE CAUSE (o		00101	<u>, 144 j</u>	000.0	TOTOL	<u>. L</u>				1111	ou rat	
430,1		,	T1 0 =										
	Conditions, if any, which (b) Hypertension unknown												
couse (o), stoting	The under- DUE TO	•											
lying cause lost.	) (c		OUTSIDE TIME TO DELL	La Di T Lu	OT BE ATED TO	THETERAL	Alai Dise	ACC CONDIT	ton obje	Th	7 16 1 160 160	AT AUTORCY	
PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	DI KELATED IC	THETERMI	INAL DISEA	ASE CONDIT	ION GIVI	N N PAK	PE	REORMED?	
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	(Enter noture o	Finitory in F	Parl I or P	ort It of iten	1B }				
20c. TIME OF INJUS	RY Month, Day, Ye			De. PLAC	E OF INJURY (I	Home, form	20f. (C	ity or town)		(0	Caunty)	(State)	
Hour a.m.	19	While at work	Not while	1000	y, sireer, dirice	Diag., etc.	"						
21 L certify th	at Lattended the	decease	ed from Dec.	1: 0	• 1000	3. [ nt	ar.	oth.	1000	hat I Ia	et saw the	a decease	
alive an L.S.	4 .	1951											
diffe dil_laca	10		did fild t	ieum u				(Street, city				DATE SIGNEE	
ACTUAL SIGNATURE	· ic- The	450	try6/11.	Z MI	0. 40	_	25	tho	14		3//	0/60	
PHYSICIAN'S DINAME (Type)			Murgatroy	1	401	L. 6	er di	. str	6 .u	,	l J <b>i</b> " 0	re,1d	
BUR A., CREMAT C	3-12-60		22c. NAME OF CEMET Parkwood					ATION (City				State)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'I	D BY REG		њ. REGIS	TRAR'S SIG	SNATURE		
Wm. C. ok-To	wson, Inc.	1050	York Roas	1. 70	no 4	DATE M.	AR 1 1	60	a	thung 2	Mount		

me retained by the hospit cert ficate has been signed by the ottending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, cremation, or removal, and in any event within 72 hours after depth PITAL OR ATTENDING TO FOR TO HO VS A15 (4) 15M 9/5B

PMYNICIAN: The law require that the death certificate be exerui



or removal.

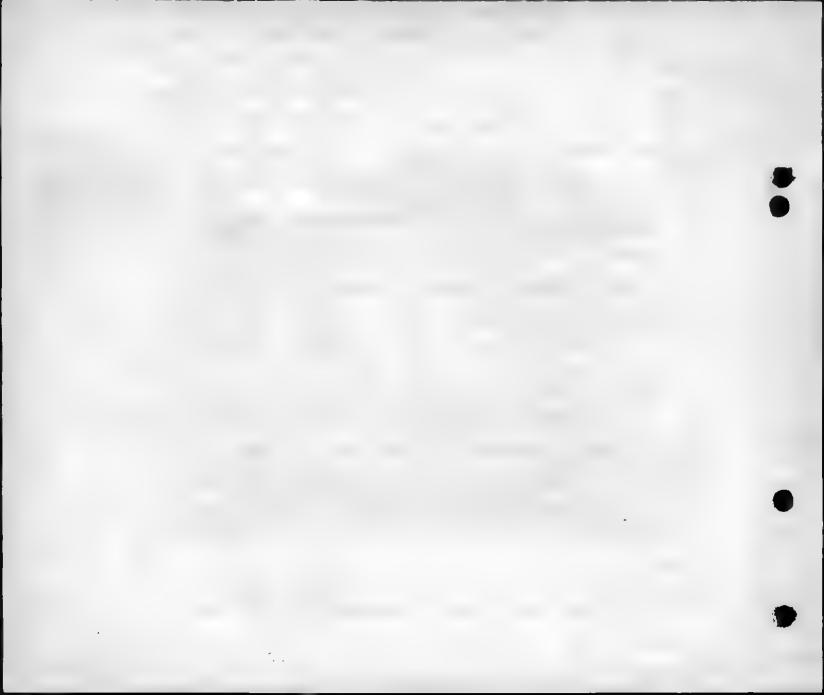
VS. A15ME(5) 5M 9/55 151

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

03061

ı	), PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	MARYLAND MARYLAND	o. STATE
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necreal tewn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/ d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	7132 DILAGERD FI	YES NO I
ı	3. NAME OF First Middle DECEASED (Type or print)	4. DATE Month Day Yeor OF DEATH
Į	· · · · · · · · · · · · · · · · · · ·	DATE OF BIRTH 9. AGE (In years   IF UNDER 1YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORCED	lost birthday) yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working tite, even if retired)	
	Homeway.	17.5 ADY ). E.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	OKK TOTE ARVELLE	CABETTE CART 15.
}	(Yes, no, or unknown)   It's yes, give wor or dates of service)	NFORMANT Address
4	170 Nobe L	
ı	18. CAUSE OF DEATH [Enter only one cause per line fer (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	1/ ( UC/US/11) Sudde 12
1	4-20.   DUE TO //	f 1 1 1 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
1	Conditions, If any, which gave rise to immediate couse	Zetile aider Wileflace 1 / do
	(o), stoting the underlying DUE TO	Weredie
	COURSE 1001. (C)	NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ì	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?
	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (6	Ther sature of injury in Part Lee Part II of item 18.)
	PRIMARY Or CONTRIBUTING C	and the state of the total total total and the state of t
	E-st	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) one, street, affice bldg., etc.)
1	Hour o. m. 19 While Not while rock of work	ury, sices, unice drugs, vicey
	21. I certify that I took charge of the remains-described about	ve, held an Autopsy 🔲, Inspection 💽, Inquiry 🔲, and find that
	death resulted from: Natural couses [7], Accident [7], Sui	cide , Homicide , Undetermined couse .
	tole 1 They	DATE SIGNED
	SIGNATURE Lie LA flentling Drivelly	M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S NAME (Type) ( ) A 3 /2 S + ( 1) DO NAME.	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D  374/60
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Store)
	REMOVAL (Specify)	Ci. LATINI D
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	コンカル イタッドハンドランド	DATEMAR 2 8 '60 Carlan & Kould



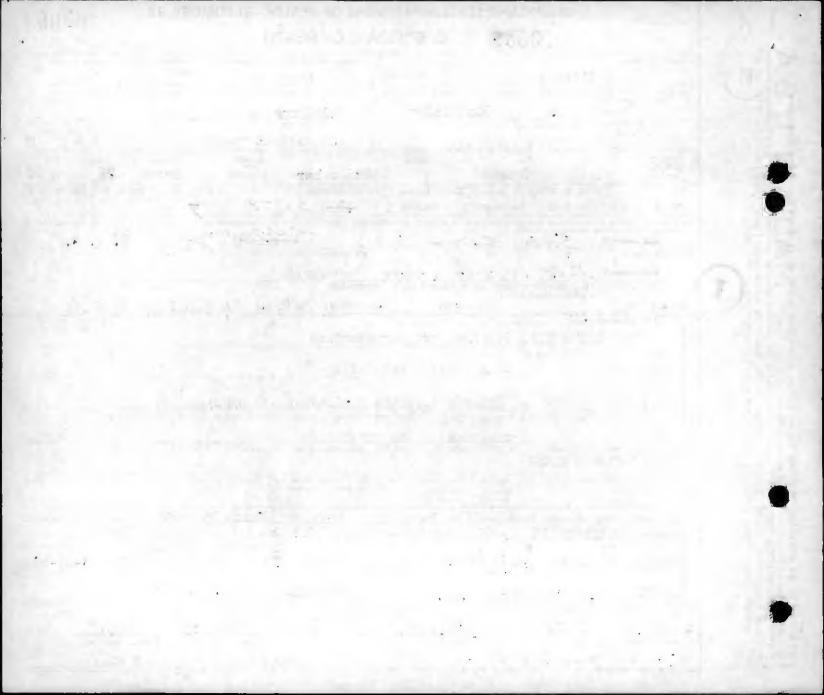
20.00 CEDTIEICATE OF DEATH

03062

	0000	CERTITICA	TIE OI PEATI		R	eg. Dist. No.				
1. PLACE OF DEATH g. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Maryla		l. If institution; b. COUNTY	Residence before	re admission)			
RURAL and give	e nearest fawn)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate li	mits, write RURA	AL and give ned	rest tawn)			
	SPITAL (If not in hospital, give street addre	nthl4dys **)	Baltimore d. STREET ADDRESS	Λ			e. IS RESIDENCE ON A FARM?			
City Charles	GROVE STATE HOSPI	TAL	407 Hazle	tt Avenue	3		YES NO			
3. NAME OF DECEASED (Type or print)	First Conrad	Middle	Wohlmacher	4. DATE OF DEATH	Month Marc	h 25°	Year 19 60			
5. SEX	6. COLOR OR RACE 7. MARRIED	KNEVER MARRIED	B. DATE OF BIRTH	9. AC			IF UNDER 24 HR			
male	white widowed	DIVORCED .	1874 3/5/	73	7 yrs.	lonths Days	Hours Min.			
10o. USUAL OCCUPA during most of v	ATION (Give kind of work done 10b. KIND working life, even if retired)	of Business OR INDU	- All	ar foreign country		U. S.	WHAT COUNTRY			
13. FATHER'S NAME	0 1/1	1	14. MOTHER'S MAIDEN N	AME 0						
Unkno	un Aler. Wohl	machen	Unknown							
S. WAS DECEASED (Yes, no, or unknown) unknown	(If yet, give war or dates of service)		NFORMANT ecords: SPRIM	G GROVE	Address S TATE		TAL			
18. CAUSE OF	DEATH [Enter anly ane cause per line for	r (a), {b), and (c).]				INTE	ERVAL BETWEEN			
PART I. (	DEATH WAS CAUSED BY: Te mir	nal bronchop	neumonia			ONS	SET AND DEATH			
422.	DUE TO									
Conditions, i	fany, which ) (b) Conges	stive heart	failure							
gave rise to cause (a), stati										
lying cause to	(c) Arter	riosclerotic	cardiovascul	ar disea	se					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES  200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDERLYING  200. ONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)  200. ONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)										
			D. (Enter noture of Injury in I	art I or Port II of	item 1B.)					
20c. TIME OF IN.	m. While		ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.		wn)	(Caunty)	(Stole			
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	March 25 1960  Brune Radauskas, M	ausk	occurred at 11:30a	M, from the e ADDRESS (Street, o ROWE STA	causes and city or town, sto	on the date				
220. BURIAL, CREMA REMOVAL (Speed		Baltune	R CREMATORY	22d. LOCATION	(City, tawn, ar o	aunty)	(State)			
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS O	24a. REC'	BY REGISTRAR	24b. REGISTR	AR'S SIGNATUL	RE			
Man	nath + x10.	n 28	DAMAR	2 8 '60	arthur	8. Kraus				

in by the funeral effector, 1 and 2 shauld be filed with 4 havrs after death. Page 4

> TO HOCEITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may retained by the haspit attending physician.
>
> TO FUNALAL DIRECTOR: After the certificate has been signed by the attending physician and camping page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. Page the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. OF OT OT OTHER PARTY OF THE PAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

retained by the haspit RAL DIRECTOR: After

TO FC.

VS A15 (4) 15M 10/57

**CERTIFICATE OF DEATH** 3086

			4.
Bon	Disa	Ma	

	LACE OF DEATH D. COUNTY	Baltymore		MARY	LAND	2. USUAL RESIDENCE (M	here decess	ed lived. If institution b. COUNTY		before o	
b	CITY OR TOWN	(if outside carporate limi agarest town)	ls, write	77 yrs.		c. city or town (if	outside corp	orate limits, write R	URAL ond gi	ve nearest	town)
R	OR INSTITUTION	PITAL (If not in hospital, g				d. STREET ADDRESS 2650 Ma	ssetl	a Avenue		1 0	RESIDENCE ON A FARAS?
1	NAME OF DECEASED Type or print)	Edith	st	Middle Krauk		Ziegler	4. DATE OF DEATH	March March		Day 7	Yeor 19 60
5. S	male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIE	-	Aug. 21, 1	.882	9. AGE (In years lost birthday) yrs.			JNDER 24 HRS.
100.	USUAL OCCUPA during most of w	TION (Give kind of work orking life, even if tetingd	done 10b.	KIND OF BUSINESS O	R INDU	Maryla		country)		S.A	HAT COUNTRY?
13.	FATHER'S NAME	red Krauk				14. MOTHER'S MAIDEN Mary F1					
15. (Yes	WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		WFORMANT		Addi		lma	r ave.
z	420, Conditions, if gave rise to couse (o), statir lying couse los	ony, which immediate ag the under.	Cer	Turrelle	tre	Heart &	Verer	7			Syrs
CERTIFICATIO	20a. ACCIDENT	MAS UNDERLYING []				D. (Enter nature of injury in			EN IN I ARE	P	ERFORMED?
MEDICAL CER	(IF EITHER, NOTII	FY MEDICAL EXAMINER) URY Month, Day, Yes	While	NJURY OCCURRED Not white	20e. PL/ Foo	ACE OF INJURY (Home, for lory, street, office bldg., et	m, 20f. (Cir	y or town)	(Ce	ounly)	(State)
	21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceas 19 Mi	1-	death	accurred at \$ 20 \( \hat{\ell} \)		m the causes a street, city or town, Following	nd on the		the deceased stated above DATE SIGNED 3-9-60
	BURIAL, CREMAT			22c. NAME OF CEME			_	TION (City, town, o	r county)	Md.	(Stote)
-	ohn J.	Duda 7922	Wisc	ADDRESS  Ave. 22	. M		TO BY REGIS	20	TRAR'S SIGN		

and the second second . . . the first of the f A PARTY OF THE PAR